

VOLUME 2 OF 2

STATE OF SOUTH CAROLINA

 ORIGINAL

IN THE COURT OF APPEALS

Appeal from Berkeley County

Kristi L. Harrington, Circuit Court Judge

THE STATE,

RESPONDENT,

V.

RON SANTA McCRAY

APPELLANT,

Appellate Case No. 2012-2133393

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RECEIVED
JUL 11 2014
SC Court of Appeals

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ALF2009-09-07086

DOCKET NO. 2011-GS-08-0947

WITNESSES

J Potteiger

Berkeley County Sheriff's Office

The State of South Carolina

County of Berkeley

AGENCY CASE NUMBER

0909038994

COURT OF GENERAL SESSIONS

July Term 2011

ARREST WARRANT NUMBER

M325008

DATE OF ARREST

September 17, 2009

ACTION OF GRAND JURY

THE STATE

vs.

Ron Santa McCray

DOB: [REDACTED]

B/M

FILED
2011 JUL 13 PM 12:29
CLERK OF COURT
BERKELEY COUNTY, S.C.

SW

Foreperson of Grand Jury

Date: 7/13/11

VERDICT

GUILTY

Indictment for

Murder

Foreperson of Petit Jury

Date: 11-2-12

INDICT

STATE OF SOUTH CAROLINA)
)
COUNTY OF BERKELEY)

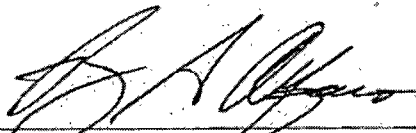
INDICTMENT

At a Court of General Sessions, convened on July 13, 2011 the Grand Jurors of Berkeley County present upon their oath:

Murder

That in Berkeley County on or about September 16, 2009, with malice aforethought, Ron Santa McCray did unlawfully kill and murder Reginald Porcher by means of a gunshot wound, and that Reginald Porcher did die in Berkeley County as a proximate result thereof on September 16, 2009. This action is in violation of Section 16-3-10 of the South Carolina Code of Laws (1976) as amended.

Against the peace and dignity of the State, and contrary to the statute in such case made and provided.


BRYAN A. ALFARO
DEPUTY SOLICITOR

STATE OF SOUTH CAROLINA)
COUNTY OF BERKELEY)
STATE OF SOUTH CAROLINA)
VS.)
RON SANTA MCCRAY,)
DEFENDANT.)

IN THE COURT OF GENERAL SESSIONS
NINTH JUDICIAL CIRCUIT
WARRANT NO(S) : M-325008

MOTION FOR DISCOVERY
AND INSPECTION

MARTIN BROWN
CLERK OF COURT
BERKELEY COUNTY, S.C.

2009 SEP 23 AM 11:12

FILED

The Defendant in the above captioned case, through his attorney, Debra K. Littlejohn, now moves this court for an Order, pursuant to Rule 5, South Carolina Rule of Criminal Procedure, and the Due Process requirements announced in Brady v. Maryland, 373 US 83 (1963), U.S. v. Agurs, 427 US 97 (1976), and U.S. v. Bagley, 105 SCT 3375 (1985), and subsequent cases interpreting the doctrine set forth therein directing the State to allow discovery and inspection or copying of all items that are material and exculpatory, or items that will lead to the discovery of material exculpatory items, including but not limited to:

1. A current copy of the Defendant's prior and pending Criminal record.
2. A copy of the indictment in this matter.
3. All the written or otherwise recorded statements made by the Defendant within the State's possession, custody, or control, the existence of which is known, or can become known through the exercise of due diligence.
4. All of the Defendant's unrecorded statements which the State intends to introduce at trial through the testimony of law enforcement agents, including, but not limited to, statements contained in the original notes, summaries, and memoranda of the interviewing law

- enforcement agents, Department of Social Services, any victim/witness advocates, all medical personnel interviewed by law enforcement personnel, and the substance of any oral statements made by Ron Santa McCray.
5. All books, papers, documents, photographs, films, including, x-rays and photographs taken by the hospital staff members, videotapes, drawings, and other tangible objects which are material to the preparation of the Defendant's defense in either the guilt or punishment phase of the proceedings, including any hand written notes taken by an investigating agent.
 6. All books, including medical references, papers, documents, photographs, color copies of all photographs taken by the Police Department and the Department of Social Services, films, videotapes, drawings, and other tangible objects which the State intends to use at trial.
 7. The results of any psychological, psychiatric, or medical examinations, or testing, and any reports or memoranda generated therefrom, including any written medical or therapeutic notes, which includes but is not limited to any documentation from all physicians, all hospitals, all therapist pertaining to the Defendant, Jonathan Guest.
 8. The names, addresses, and qualification of any experts the State intends to call at trial, the substances of the opinion to which they are expected to testify, and the reports and other documents that they have generated.
 9. The names, addresses and telephone numbers of all eyewitnesses to the alleged crimes.

10. The names, addresses and telephone numbers of all persons interviewed by the State and its law enforcement agents in connection with this case, including by Crime Stoppers.
11. Name of the offices requesting Crime Stoppers report.
12. The names, addresses, and telephone numbers of all witnesses the State intends to call.
13. The criminal records and prior bad acts, of any witnesses the State intends to call.
14. All paper, documents, videotapes, tapes and other tangible objects which are materials including, but not limited to all visits the victim has had at any state referring agencies.
15. Any grants of immunity, promises of leniency, payments of fees and costs (complete with amount and date), or other incentives and arrangements communicated or given to prosecution witnesses that could arguably indicate interest or bias. This request also includes, but is not limited to, recommendations at sentencing, leniency concerning a third person, recommendations concerning other legal disputes with the State, deferred prosecution and entry of guilty pleas to lesser offenses.
16. Any other items which are exculpatory or which might lead to exculpatory material, including material that can be used to impeach State witnesses.
17. The names and address of persons having knowledge to the existence of evidence relevant to the acts charged in the case, including all persons who will be called as

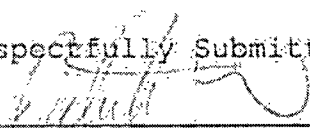
witnesses for the State upon trial of this case and those who will not be called as witnesses by the State.

18. Names and addresses of all suspects interviewed.
19. Results and Substance of an polygraph done, including, but not limited to Jonathan Guest.
20. Employment records of the Defendant.
21. All results of all hair analysis.
22. List of all items taken in the above referenced case.
23. List of all items sent to SLED.

FURTHER, the Defendant will specifically move that said Order requiring production, inspection, copying and/or photographing specially require compliance by the State within thirty (30) days as provided in Section (a)(3) of Rule 5, SCRCrimP. This production is specifically sought so that the information discoverable pursuant to Rule 5, SCRCrimP will be meaningful for the proper preparation of the Defense of Ron Santa McCray.

This request shall be interpreted to include any and all information or evidence, which is discoverable pursuant to Rule 5, SCRCrimP or Brady v. Maryland and subsequently cases interpreting the doctrine, and which is in the hands of agents for the prosecution, including law enforcement agencies.

Respectfully Submitted,


DEBRA K. LITTLEJOHN
Attorney for Defendant

Moncks Corner, South Carolina

September 31, 2009

STATE OF SOUTH CAROLINA)

COUNTY OF BERKELEY)

STATE OF SOUTH CAROLINA)

vs.)

Ron Santa McCray
Defendant)

IN THE COURT OF GENERAL SESSIONS

NINTH JUDICIAL CIRCUIT

STATE'S AMMENDED MOTION IN LIMINE
TO EXCLUDE EVIDENCE
of Victim's Character

INDICTMENT #'s: 2011GS080947

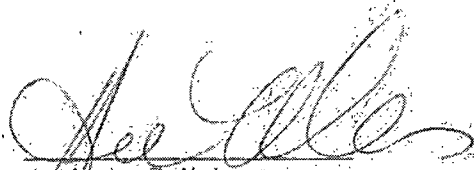
CHARGES: Murder

FILED
12 OCT 26 PM 2:03
MARY P. BROWN
CLERK OF COURT
BERKELEY COUNTY, S.C.

The State of South Carolina by and through Assistant Solicitor, Anne Williams moves that the court prohibit testimony concerning the victim, Reginald Porcher's character through testimony or evidence of prior convictions or other alleged bad acts unless they are connected toward the defendant or closely connected in point of time or occasion with the homicide.

The rule has long been established in this State that evidence of other specific instances of violence on the part of the deceased are not admissible unless they were directed against the defendant, or if directed against others, were so closely connected in point of time or occasion with the homicide as reasonably to indicate the state of mind of the deceased at the time of the homicide or to produce reasonable apprehension of great bodily harm. State v Brown 321 S.C. 184, 467 S.E. 2d 922; citing State v Amurgey 206 S.C. 426, 429, 34 S.E. 2d 779, 780 (1945).

The State moves to prohibit any reference or line of inquiry by counsel regarding prior bad acts and/or character evidence concerning the victim, reference shall include, but is not limited to, any inquiry by counsel and/or any references by counsel during summation, argument, or witness examination which alleges any specific instances of prior bad acts. Furthermore, the State requests notice before any such evidence is proffered before the Court.



Assistant Solicitor
Ninth Judicial Circuit

Moncks Corner, South Carolina
October 26, 2012

cc: SOI 10/26/12 KA

KAP

SUBPOENA IN A CRIMINAL CASE

SOUTH CAROLINA GENERAL SESSIONS COURT		COUNTY OF BERKELEY
STATE OF SOUTH CAROLINA V. RON SANTA MCCRAY		CASE NO. 2011-GS-08-0947; M325008
		SUBPOENA FOR ☒ PERSON ☒ DOCUMENT(S) OR OBJECT(S)
TO: RECORDS CUSTODIAN, S. C. DEPARTMENT OF CORRECTIONS		
☒ YOU ARE HEREBY COMMANDED to appear in the above-named court at the place, date, and time specified below to testify in the above-entitled case.		
PLACE General Sessions Court 300 California Avenue Moncks Corner, South Carolina 29461		COURTROOM E - GENERAL SESSIONS COURTROOM
		DATE AND TIME OCTOBER 30, 2012 AT 9:00 A.M.
☒ YOU ARE ALSO COMMANDED to bring with you the following document(s) or object(s).		
LIST DOCUMENT(S) OR OBJECT(S) ANY & ALL RECORDS REGARDING REGINALD MITCHELL PORCHER, DOB: 04/20/79, SSN: 247-47-7576, INCLUDING BUT NOT LIMITED TO INTAKE SHEETS, BOOKING REPORTS, MEDICAL REPORTS, DRUG TESTING REPORTS, DISCIPLINARY ACTION REPORTS, TRANSPORT AND/OR TRANSFER LOGS, VISITATION LOGS, COMMISARY EXPENDITURES, PHONE RECORDS. THESE DOCUMENTS SHALL BE DELIVERED TO CHRISTOPHER P. BIERING, ATTORNEY AT LAW, P.C., AT THE ADDRESS STATED BELOW WITHIN TEN (10) DAYS OF THE RECEIPT OF THIS SUBPOENA.		
This subpoena shall remain in effect until you are granted leave to depart by the court or by an officer acting on behalf of the court.		
CLERK OF COURT <i>Mary P. Brown</i> KA		DATE 10/10/12
(BY) DEPUTY CLERK <i>[Signature]</i>		
THIS SUBPOENA IS ISSUED UPON APPLICATION OF THE: ☐ SOLICITOR ☒ DEFENDANT		NAME AND ADDRESS OF ATTORNEY or DEFENDANT (IF PRO SE/SELF REPRESENTED) CHRISTOPHER P. BIERING 116 EAST RAILROAD AVENUE MONCK'S CORNER, SOUTH CAROLINA 29461

MDCI100D

SCDC OFFENDER MANAGEMENT SYSTEM
INMATE MEDICAL CHART

10/15/12
C053011

SCDC#

██████████
PORCHER, REGINALD -

CURR STATUS: RELEASE

CURR LOC...: UNK

DX HISTORY/MEDICAL PROBLEMS:

CURRENT MEDICATIONS:

ALLERGIES:

00/00/00

00/00/00

00/00/00

00/00/00

00/00/00

00/00/00

----- IMMUNIZATION DATE AND TYPE -----

(1): 04/25/05 | PPD: 0-4 MM (2): 05/01/06 | PPD: 0-4 MM

(3): 11/24/08 | PPD: 0-4 MM (4): 01/10/09 | PPD: 0-4 MM

DRUG SELF CARRY.....: Y

MOST RECENT PHYSICAL EXAM: 11/24/08

MOST RECENT MED ENCOUNTER: 02/06/09

TYPE: MENTAL HEALTH CLINIC

LOC: UNK

COMPLAINT:

LOC OF MED REC: HDQS ANNEX

DATE SENT/RCVD: 05/27/09

UPDATED ON: 00/00/00

RECORD STATUS : RECEIVED

UPDATED BY:

MEDICAL CHART DISPLAYED FOR INQUIRY ONLY...

PF KEYS 3:MODCHART

4-@

1 Sess-1

167.7.50.33

SCDC1312

3/9

MCL1100D

SCDC OFFENDER MANAGEMENT SYSTEM
DIV OF MEDICAL AND HEALTH SERVICES
HEALTH SUMMARY FOR CLASS/ASSIGN

10/15/12
C053011

SCDC#> [REDACTED]
NAME.: PORCHER, REGINALD - LOCATION...: UNK

MEDICAL CLASS DATE.....: 10/07/05

MEDICAL CLASS.....> 3 MED PROB/WORK RESTRICT

MENTAL HEALTH.....> L4 MH-4 (OUTPATIENT)

RESTRICTIONS DURATION.....> F PERMANENT

1. INST ASSIGNMENT.....> K DAILY NURSING COVERAGE

2. CELL ASSIGNMENT.....> D GROUND FLOOR/BOTTOM BUNK

3. WORK ASSIGN/RESTRICT.> K NO CLIMBING

4. TRANSPORT RESTRICT...> A NO RESTRICTION

GENERAL REMARKS/NON-CONFIDENTIAL INFORMATION.....>
OLD LEG INJURY- ALOS ON UNIT DOSED MEDS

REVIEWED BY: THOMAS E BYRNE DM
MEDICAL CLASSIFICATION DISPLAYED...

UPDATED BY: BYRNE

10/07/05

PF KEYS: PF2=> CONFIDENTIAL TEXT PF5=> SUMMARY OF WORK ASSGN/RESTRICT

4-C

1 Sess-1

167.7450.33

SCDC1312

1/2

MCLI110D

SCDC OFFENDER MANAGEMENT SYSTEM
DIV OF MEDICAL AND HEALTH SERVICES
HEALTH SUMMARY FOR CLASS/ASSIGN

10/15/12
C053011

SCDC#> [REDACTED]

NAME.: PORCHER, REGINALD -

LOCATION...: UNK

GENERAL REMARKS/NON-CONFIDENTIAL INFORMATION.....
OLD LEG INJURY- ALOS ON UNIT DOSED MEDS

CONFIDENTIAL INFORMATION.....

REVIEWED BY: THOMAS E. BYRNE, DM
MEDICAL CLASSIFICATION TEXT DISPLAYED ...
PF KEYS: CLEAR => RETURN

UPDATED BY: BYRNE

10/07/05

4-©

1 Sess-1

167.7.50.33

SCDC1312

1/2

MCLI200D

SCDC OFFENDER MANAGEMENT SYSTEM
DIV OF MEDICAL AND HEALTH SERVICES
SUMMARY OF WORK ASSIGN/RESTRICT

10/15/12
C053011

SCDC#> [REDACTED]
NAME.: PORCHER, REGINALD - LOCATION...: UNK

WORK ASSIGN/RESTRICT
K NO CLIMBING

WORK ASSIGN/RESTRICT DISPLAYED...

PF KEYS: PF3=> ADD WORK ASSGN/RESTRICT PF9=> DELETE WORK ASSGN/RESTRICT

4-@ 1 Sess-1 167.7.50.33 SCDC1312 7/2

MDCI880D
OMINMDCA

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
SCDC HEALTH SERVICES: MEDICAL SUMMARY

10/15/12
C053011

SCDC# [REDACTED] PORCHER, REGINALD -

PAGE 1

- ** ENCOUNTER: 160 MENTAL HEALTH CLINIC 02/06/09 10:18 UNK COMP
INC NOTE
THIS WRITER CONTACTED BERKELEY COUNTY MENTAL HEALTH AT 403 STPNEY LANDING ROAD MONCKS CORNER, S.C. 29461 843.761.8282 SPOKE WITH JOHNETTE. INFORMED IN INMATE'S SCDC DX OF POLY SUBSTANCE DEP. DID NOT FIT CRITERIA FOR SERVICES. SUGGESTED THIS WRITER CONTACT THE CHARLESTON CENTER. THE CHARLESTON CENTER WAS CONTACTED AT 5 CHARLESTON CENTER, CHARLESTON, S.C. 29401 843.958.3300 WAS INFORMED THE AGENCY DOES NOT ACCEPT FIRST TIME APPTS. BUT INMATE COULD ARRIVE FOR A WALK-IN ASSESSMENT ON MONDAY-THURSDAY 8:30 AM- 11:00 AM AND 1PM-3PM. INFORMATION WAS PROVIDED TO INMATE PORCHER PRIOR TO HIS RELEASE ON THE ABOVE DATE.
LOLITA LEE, CCC.
SIGNED OFF ON 02/06/09 @ 10:22 BY LOLITA M LEE, HUMAN SERVICES COORD I
- ** ENCOUNTER: 159 MENTAL HEALTH CLINIC 02/03/09 11:46 LIEBER COMP
INC NOTE
INMATE PROVIDED BOOKLET ON HANDLING/COPING WITH MENTAL ILLNESS. INMATE DEMANDED A COPY OF THE BOOK FOR HIS MOTHER. INMATE WAS INSTRUCTED TO SHARE THE BOOK WITH HIS MOTHER UPON HIS RELEASE BUT CONTINUED TO ASK FOR ANOTHER COPY. INMATE WAS REDIRECTED.
LOLITA LEE, CCC.
SIGNED OFF ON 02/03/09 @ 11:47 BY LOLITA M LEE, HUMAN SERVICES COORD I
- ** ENCOUNTER: 158 MENTAL HEALTH CLINIC 02/02/09 15:09 LIEBER COMP
INC. NOTE *** PYSCH CLINIC F/U APPOINTMENT SCHEDULE FOR 2/26 @ 1:00 PM.
CAROLYN H. BYNES, CCC
SIGNED OFF ON 02/02/09 @ 15:10 BY CAROLYN H BYNES, HUMAN SERVICES COORD I
- ** ENCOUNTER: 157 MENTAL HEALTH CLINIC 01/29/09 12:34 LIEBER COMP
29 YO BM HERE FOR PSYCH EVAL. IM HAS BEEN DIAGNOSED WITH PTSD IN PAST. WAS TREATED WITH PROZAC AND VISTARIL AT ALLENDALE. IM STOPPED THE MEDS AS IT WAS TOO SEDATING. IM C/O PROBLEMS WITH ANGER AND THEN HE HAS "FLASH-BACKS". EXTENSIVE HISTORY OF SUBSTANCE ABUSE. SEVERAL INCARCIRATIONS -S/H, -VOICES AND NO SIGNIFICANT DEPRESSION
O: ALERT, CALM, MOSTLY COOPERATIVE, MOOD:OK, STREAM: WNL, NOT OVERTLY PSYCHOTIC OR MANIC
A: POLY SUB DEP, R/O PTSD, R/O ASPD
STABLE
P: START PROZAC 20MG QAM
F/U 1 MOS - IF STILL HERE, SOONER IF PROBLEMS
P> FLUOXETINE 20MG
SIG: TAKE ONE QAM
SIG:
START DATE: 01/29/09 TOTAL DAYS: 30
MD: HIGGINS, EDMUND -
SIGNED OFF ON 01/29/09 @ 12:41 BY EDMUND S HIGGINS, PSYCHIATRIST
MEDICATION ORDERS GIVEN TO PHARMACY
SIGNED OFF ON 01/29/09 @ 14:53 BY CHESTER OGRODNIK, REGISTERED NURSE I
- ** ENCOUNTER: 156 MENTAL HEALTH CLINIC 01/27/09 14:01 LIEBER COMP
INC. NOTE *** PSYCH CLINIC ASSESSMENT SCHEDULE FOR 1/29/09 @ 9:30 AM TO BE COMPLETED BY DR. HIGGINS.

SCDC# [REDACTED] PORCHER, REGINALD -

PAGE 2

CAROLYN H. BYNES, CCC

SIGNED OFF ON 01/27/09 @ 14:04 BY CAROLYN H BYNES, HUMAN SERVICES COORD I

** ENCOUNTER: 155 MENTAL HEALTH CLINIC 01/27/09 11:42 LIEBER COMP
D: COUNSELOR LEE AND RANSOM WAS REQUESTED TO EVALUATE I/M CHARACTER AND TO
SEE IF ANY PSYCHOSIS PRESENTED ITSELF. I/M BECAME A LITTLE HOSTILE WHEN M
FEMALE COUNSELOR TRIED TO COMFORT I/M ABOUT HIS BEHAVIOR AND PREPARING HIMSEL
F LIKE AN ADULT SHOULD ACT. HIS MANNERISM BECAME VERY AGGRESSIVE WITH NEGATI
VE FEEDBACK TOWARD FEMALES. HE STATED THAT HE CANNOT STAND WHEN FEMALES
TALK TO HIM IN THAT TONE OF VOICE. MY MOTHER DID THE SAME THING TO ME THAT
S WHEN I RETALIATED AGAINST HER AND MY HOLD FAMILY. IT SEEMS THAT EVERY ONE
IS AGAINST ME SO I DO WHAT I HAVE TO DO IN ORDER TO GET THE RESPECT THAT I
NEED. I HAVE BEEN IN ALOT OF TROUBLE AND THE STATUS OF MY FAMILY GOT ME OUT
OF ALOT OF TROUBLE. I WANT TO DO THINGS FOR MYSELF BUT I HAVE ALOT OF DIST
URDANCE INSIDE OF ME. THIS STARTED WHEN I SAW MY RELATIVE BEING KILLED IN T
HE WOODS AND I NEVER GOT OVER THAT. I FEEL THAT I NEED SOME HELP BECAUSE
I HAVE ANGER ISSUES AND I CANNOT GET ALONG WITH PEOPLE. I HAVE TO HELP MYSE
LF AND DONT DEPEND ON OTHERS. I TOLD THE OFFICERS AND STAFF AT BROAD RIVER
AND KIRKLAND, BUT THEY WONT LISTEN. REPORTED THAT HE WAS DIAGNOSED WITH PTS
D.

A: DX IMPRESSION: HX DX OF PTSD (MEDICATION THAT HE WAS PRESCRIBED BEFORE
PROZAC AND VISTARIL. STOP TAKING BECAUSE IT MADE HIM SLEEP TOO MUCH)

P: APPT 1/29/09 DR. HIGGINS 9:30AM

MELVIN RANSOM, HSCII

SIGNED OFF ON 01/27/09 @ 12:18 BY MELVIN RANSOM, HUMAN SERVICES COORD II

** ENCOUNTER: 154 MENTAL HEALTH CLINIC 01/23/09 14:44 LIEBER COMP
INMATE SEEN ON YESTERDAY DURING INITIAL REVIEW AND AGAIN ON TODAY FOR AN IN
ITIAL COUNSELING SESSION. INMATE RECENTLY ARRIVED FROM MCADOUALL CI ON
SATURDAY FOR FIGHTING. INMATE REPORTS HE HAS A PROBLEM WITH HIS ANGER. REPO
RTS A PTSD DX AND HX OF MENTAL ILLNESS DATING BACK TO CHILDHOOD. REPORTS HI
S PARENTS/ RELATIVES BELIEVED HE WAS "BAD" AND WOULD OFTEN BEAT HIM. REPORT
S BEING FORCED TO LOOK AT A DECOMPOSED BODY OF A RELATIVE WHEN HE WAS JUST
13. EXTENSIVE HX OF SUBSTANCE ABUSE WITH COCAINE BEING DRUG OF CHOICE. BEGA
N DRINKING AT AGE 13. MULTIPLE INCARCERATIONS DUE TO BEHAVIOR HE BELIEVES.
FRUSTRATED AS HE STATES HE HAS NOT RECEIVED ADEQUATE MENTAL HEALTH TREATMEN
T IN THE PAST. REPORTS PROZAC AND VISTARIL HELPED WITH MOOD AND BEHAVIOR IN
THE PAST. INMATE IS SCHEDULED TO BE RELEASED 2/6/09. DENIED HI/SI IDEATIONS
, AFFECT PURPOSEFULLY MENACING. TALKED ABOUT THE MANY PHYSICAL ALTERCATIONS
HE'S PARTICIPATED WITH MEN AND WOMEN. DISCUSSED ISSUES WITH HITTING WOMEN
BECAUSE "DESERVED IT". SEVERAL CAR ACCIDENTS WHERE HE'S BEEN UNDER INFLUENC
E OF ETOH OR ALCOHOL (ONE FATALITY AS A RESULT). I/J, EYE CONTACT POOR.
PROVIDED INFORMATION ON CONTROLLING ANGER AND STRESS, WALKS WITH A LIMP.
NO ISSUES NOTED WITH GROOMING/HYGIENE. CURRENTLY ON 72 HR DEADLOCK FOR INTE
FERRING WITH INSTITUTIONAL COUNT. PROVIDED ADDRESS AS: 987 PINE FIELD DR.
WANDO, SC. 29492 843-884-7632. WILL SCHEDULE F/U APPT AT CHAS. CO. MH.
AND CONTINUE TO MONITOR UNTIL MAX OUT. LOLITA LEE, CCC.
SIGNED OFF ON 01/23/09 @ 14:56 BY LOLITA M LEE, HUMAN SERVICES COORD I

** ENCOUNTER: 153 SECURITY INIT 01/17/09 12:48 MACDOUGALL CORR COMP
S> 29YO MAXOUT 02/2009 IN TO MEDICAL AFTER BEING IN AN ALTERCATION WITH

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ANOTHER I/M. I/M C/O. "MY KNUCKLE IS SWOLLEN IT HAS BEEN LIKE THAT FOR SOME MONTHS NOW." WHEN ASKED WHAT HURTS NOW BECAUSE OF FIGHT I/M STATES "MY LEG."

O> TEMP=099.0 PULSE= 88 RESP=20 BP=145/ 90 WEIGHT= 0 PPD= 0
MINOR ABRASION NOTED TO KNEE. NO ACUTE DISTRESS NOTED.

A> ABRASIONS/LACERATION

P> 1. SEE S.O. #24.

2. CLEAN WOUND WITH SOAP AND WATER, MAKING SURE THAT DIRT AND FOREIGN BODIES HAVE BEEN REMOVED.

3. FOR ABRASIONS:

APPLY A THIN LAYER OF NEOSPORIN OINTMENT WITH A LOOSE STERILE BANDAGE AS NEEDED.

4. FOR LACERATIONS:

IF EDGES ARE EASILY APPROXIMATED MAY USE STERI-STRIPS OR DERMABOND.

IF STERI-STRIPS ARE USED:

(A) APPLY TR. OF BENZION ON EITHER SIDE OF WOUND.

(B) APPLY STERI-STRIPS TO COMPLETELY CLOSE THE LACERATION.

IF DERMABOND IS USED:

(C) APPLY TO CLOSE LACERATION (DO NOT USE FOR FACIAL LACERATIONS)

FOR EITHER STERI-STRIPS OR DERMABOND:

(D) APPLY A STERILE DRESSING.

(E) CHANGE THE DRESSING IN 24 HOURS AND PRN

5. CHECK ON TETANUS IMMUNIZATION STATUS. IF WOUND IS DIRTY (FOREIGN BODY, RUST, GRAVEL, ETC.) AND NO TETNUS IMMUNIZATION HAS BEEN GIVEN IN THE LAST FIVE (5) YEARS, ADMINISTER TETANUS AND DIPHTHERIA TOXIODS 0.5 CC IM AND DOCUMENT IN AMR.

I/M INSTRUCTED TO KEEP AREA CLEAN AND DRY. AND TO SIGN FOR SICK CALL IF HE WANTED TX FOR HAND SINCE IT WAS REPORTED SWOLLEN X 1 MONTH.

I/M RELEASED TO SECURITY

SIGNED OFF ON 01/17/09 @ 12:57 BY DARRELL L HARRISON, NURSE ADMINISTRATOR/MGR

** ENCOUNTER: 152 INSIDE APPOINTMENT 01/14/09 8:15 MACDOUGALL CORR COMP
I/M SENT TO MEDICAL BY SECURITY AFTER BIENG IN AN INCIDENT. "I/M REFUSED TO BE EXAMINED BY MEDICAL." I/M RELEASED BACK TO SECURITY.
SIGNED OFF ON 01/14/09 @ 8:16 BY DARRELL L HARRISON, NURSE ADMINISTRATOR/MGR.

** ENCOUNTER: 151 PPD 01/10/09 18:11 MACDOUGALL CORR COMP
I/M TO MEDICAL FOR TST READING. READ AT 0-4MM (NEGATIVE). I/M RELEASED TO LIVING AREA.
SIGNED OFF ON 01/10/09 @ 18:12 BY MICHAEL Z KINNEY, REGISTERED NURSE I

** ENCOUNTER: 150 MENTAL HEALTH CLINIC 01/09/09 9:35 MACDOUGALL CORR COMP
D: I/M SEEN FOR HISM EN TAL HEALTH F/U. I/M 30 Y/O SBM FORM HUGER, SC. SERVING 4MTHS FOR ASSAULT & BATTER, OPEN CONTAINER AND DRIVING WITHOUT A LICENSE. I/M STATED WHEN I WAS ALLENDALE I WAS ON PROZAC AND VISTARIL FOR PTSD I WAS IN A LOT OF CAR ACCIDENTS IN 1998, I DIDN'T LIKE THE WAY IT MADE ME FEEL SO I STOP TAKEN IT. I DIDN'T FOLLOW UP WITH MENTAL HEALTH ON THE STREETS BECAUSE I FELT I WASN'T CRAZY AND DIDN'T NEED THE HELP. I/M STATED I NEED TO SEE THE DOCTOR SO I CAN GET A CHECK WHEN I GET OUT ON 2/9/09. I/M COMPLAINS OF HAVNG A LOT OF MEDICAL ISSUES. I/M DENIED A/V HALLUCINATIONS AS WELL AS

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H/S THOUGHTS. I/M REPORTS HEAVY DRUG USE CRACK, COCAINE AND ALCOHOL. DENIED ANY TX. I/M STATED I NEED MY MEDICATION YOU GONNA HELP ME.

A: I/M APPEARED TO BE A/O X3; MOOD AND APPEARED TO BE ANGRY, GOOD EYE CONTACT. I/M APPEARED TO BE MANIPULATIVE TO GET HIS WAY AND SEEKING PILLS FOR HIS DRUG ADDICTION. NO PSYCHOSIS NOTED AT HE PRESENT.

P: WILL CONTINUE TO MONITOR UNTIL MAX OUT.

TANYA MCCANTS, CCC

SIGNED OFF ON 01/09/09 @ 10:42 BY TANYA F MCCANTS, HUMAN SERVICES COORD I

** ENCOUNTER: 149 INSIDE APPOINTMENT 01/07/09 17:47 MACDOUGALL CORR COMP
NEW I/M ORIENTATION GIVEN BY HANDOUT AND VERBALLY. I/M ON NAPROXEN.
MAXOUT 02/2009... WILL REFER TO CCC FOR EVALUATION
SIGNED OFF ON 01/07/09 @ 17:49 BY DARRELL L HARRISON, NURSE ADMINISTRATOR/MGR
I/M WILL BE SEEN BY CCC ON 1/9/09.
TANYA MCCANTS, CCC

SIGNED OFF ON 01/08/09 @ 10:40 BY TANYA F MCCANTS, HUMAN SERVICES COORD I

** ENCOUNTER: 148 MENTAL HEALTH CLINIC 01/06/09 13:57 KIRKLAND COMP
CCC NOTE: SEEN WHILE IN MEDICAL ANNEX AFTER BEING GASED. IM RECENTLY
ASSESSED ON 1/2/09; REITERATED TO IM THAT HE WILL BE REFERRED TO PSYCHIATRY
AS SOON AS AVAILABLE AS INDICATED ON 1/2/09 (SEE ENC. 00146).
SIGNED OFF ON 01/06/09 @ 13:58 BY RENEE L WILLIAMS, HUMAN SERVICES COORD II

** ENCOUNTER: 147 SECURITY INIT 01/06/09 13:36 KIRKLAND COMP
I/M STATED I WAS MAKING NOISE AND SGT QUATTLEUM GASED ME.
I WAS DX AT ALLENDALE WITH PSTD. I/M STATED MY HEAD BE FLIPPING OUT
AND I NEED MY MEDS. I/M STATED I'VE BEEN HAVING PROBLEMS SINCE I'VE BEEN
A CHILD.
PUPILS EQUAL AND REACTIVE TO LIGHT. RESP EVEN AND UNLABORED. NO DISTRESS
NOTED. NO IRRITATION NOTED TO EYES AT THIS TIME.
MENTAL HEALTH COUNSELOR NOTIFIED R. WILLIAMS
SIGNED OFF ON 01/06/09 @ 13:48 BY CELINA A MCINTYRE, LICENSED PRACTICAL NURSE
NOTED
SIGNED OFF ON 01/06/09 @ 15:10 BY MICHAEL J BEINOR, PHYSICIAN II

** ENCOUNTER: 146 MENTAL HEALTH CLINIC 01/02/09 14:05 KIRKLAND COMP
D: SEEN DUE TO PHD STATUS. IM REPORTS HAVING BEEN DIAGNOSED WITH PTSD IN
2005 WHILE AT ALLENDALE. REPORTS HAVING BEEN RX'D PROZAC AND VISTARIL BUT
THAT HE DISCONTINUED TAKING THE MEDICATION BECAUSE IT MADE HIM DROWSY. IM
COMPLAINED THAT HE GETS UPSET QUICKLY AND THEN "SPASSES OUT" WHICH HAS
CAUSED HIM TO INCUR DISCIPLINARY CHARGES.
A: ALERT, ORIENTED; MOOD AND AFFECT APPEAR NORMAL. APPEARED TO BE TRYING TO
COME UP WITH SYMPTOMS DURING ASSESSMENT.
P: WILL REFER TO PSYCHIATRY AND MONITOR AS NEEDED.
SIGNED OFF ON 01/02/09 @ 14:12 BY RENEE L WILLIAMS, HUMAN SERVICES COORD II

** ENCOUNTER: 145 MENTAL HEALTH CLINIC 12/30/08 10:08 KIRKLAND COMP
D: IM SEEN AT THE REQUEST OF SECURITY ON 12/22/08.
IM REPORTS THAT HE WAS ON PSY MEDS SEVERAL YRS AGO BUT STS THAT HE IS NOT
SURE WHAT MEDS HE WAS TAKING OR OF ANY DX. IM REPORTS THAT HE NEGLECTED TO

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TELL ANYONE ABOUT HIS ILLNESS DURING HIS INTIAL INTERVIEW IN R/E.
A: MOOD AND AFFECT STRESSED, SLIGHT DISTRESS NOTED, NO REPORTS OF SI/HI/AH/
VH.
P: CCC WILLIAMS WILL F/U WITH IM. ASAP.
SIGNED OFF ON 12/30/08 @ 10:14 BY DEDRIC WILLIAMS, HUMAN SERVICES COORD I

** ENCOUNTER: 144 SECURITY INIT 12/21/08 12:36 KIRKLAND COMP
THAT WOMEN HAD NO CALL SPRAYING ME
099.5 114 18 112/60
I/M BRAGGING ABOUT THE ENC FROM FRIDAY. STS THAT HE FEELS OK, AND NOTHING W
AS WRMG WITH HIM FOR NOW. ASKED QUESTIONS ABOUT WHEN HE WAS GOING TO BE SEE
N BY MH. WHEN HE GOT OUT, HE WAS GOING UP TO SSN AND GET HIM A PAY CHECK,
RECHECKED RIGHT HAND AND I/M HAD ADQ ROM.
SIGNED OFF ON 12/21/08 @ 12:42 BY CAROLYN A AVERY, LICENSED PRACTICAL NURSE
TAM
SIGNED OFF ON 12/22/08 @ 8:31 BY THOMAS A MOORE, PHYSICIAN II

** ENCOUNTER: 143 SECURITY INIT 12/18/08 16:56 KIRKLAND COMP
I/M CAME IN ACCOMPANIED BY OFFICER C/O OF BLEEDING ON THE RIGHT HAND. CLAIM
ED HE BUSTED THE CELL DOOR FLAP WITH HIS FIST 1/2 INCH LACERATION ON THE
INDEX FINGER. SMALL LACERATION ON THE MIDDLE AND RING FINGER. WOUND CLEANED
AND ICE COMPRESS APPLIED OVER. WOUND DRESSED. SENT BACK TO DORM IN STABLE C
ONDITION...VPANTI, RN
SIGNED OFF ON 12/18/08 @ 17:42 BY VIRGINIA N PANTI, UNCLASSIFIED
TAM
SIGNED OFF ON 12/19/08 @ 7:59 BY THOMAS A MOORE, PHYSICIAN II

** ENCOUNTER: 142 MENTAL HEALTH CLINIC 12/08/08 15:31 KIRKLAND COMP
OPENED IN ERROR
SIGNED OFF ON 12/08/08 @ 15:31 BY RENEE L WILLIAMS, HUMAN SERVICES COORD II

** ENCOUNTER: 141 NARRATIVE 12/03/08 12:21 KIRKLAND COMP
I/M C/O TOOTHACHE ON PE.
SIGNED OFF ON 12/03/08 @ 12:24 BY JOE BERMUDEZ, UNCLASSIFIED
SIGNED OFF ON 12/08/08 @ 11:44 BY DOUGLAS W MCPHERSON, DENTIST

** ENCOUNTER: 140 LAB CLINIC 11/25/08 10:35 KIRKLAND COMP
CBC, RPR, HIV DONE
SIGNED OFF ON 11/25/08 @ 10:35 BY YOLANDA D GILL, MEDICAL ASSISTANT TECH I

** ENCOUNTER: 139 PHYSICAL EXAM 11/24/08 13:23 KIRKLAND COMP
SCDC#: 00287072 PORCHER, REGINALD -
POB: CHARLESTON, SC UNITED STATES DOB: 04/20/79
AGE: 29 RACE: BLACK SEX: M MARITAL STATUS: S
COMMITING COUNTY: ORANGEBURG MAXOUT: 02/06/09 DORM: 0000
SS#: 247-47-7576

IN EMERGENCY NOTIFY: ROBERT PORCHER
RELATIONSHIP: FATHER
ADDRESS: 1076 PINEFIELD DR

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WANDO, SC 29492 BERKELEY
[REDACTED]

FAMILY PHYSICIAN: DENIES

FAMILY HISTORY OF THE FOLLOWING ALIMENTS:-----

PATIENT ALLERGY HISTORY:-----

NKDA	ADDED ON 09/13/02
NKDA	ADDED ON 10/10/07
NKA	ADDED ON 11/24/08

PATIENT MEDICAL HISTORY:-----

CHILDHOOD DISEASES:.....
CHICKEPOX

SURGERY:.....
R LEG, ANKLE APPROX 2002 PINS AND RODS

FRACTURES:.....
R LEG, ANKLE, RIBS LEFT SIDE, R ELBOW

GUNSHOT WOUNDS:.....
DENIES

STAB WOUNDS:.....
DENIES

PATIENT HAS A HISTORY OF:-----

ALCOHOL
STREET DRUGS
SMOKER
STD

CURR MED/DENTAL/MENTAL HX:-----

C/O PAIN IN BACK R/T UNEVEN GAIT R LEG SLIGHTLY SHORTER, R ANKLE IS FUSED
TOGETHER, REQUESTING PADDED SHOES FROM THE BACK, FOOT SLIGHTLY SWOLLEN.
HAS PARTIAL PLATE

CURRENT MEDICATIONS:-----

DENIES

GENERAL APPEARANCE:-----

BEHAVIOR:-----

ALERT-PERS/PLACE/TIME

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COOPERATIVE

COMMENTS:-----
TST GIVEN TODAY.

VITALS:-----
HEIGHT: 6 FT 2 IN WEIGHT: 213 TEMP: 098.2 PULSE: 65
BP: 138/ 60 RESP: 16
VISION SCREEN WITHOUT GLASSES: R:20/ 20 L:20/ 50
WITH GLASSES: R:20/ 0 L:20/ 0

VACCINES:-----
PPD GIVEN

SIGNED OFF ON 11/24/08 AT 13:30 BY ENGRID WILLIAMS, LICENSED PRACTICAL NUR

PHYSICAL ABNORMALITIES:-----
SKIN

CURRENT MEDICAL CONDITIONS:-----
ORTHOPEDIC PROBLEMS

PHYSICANS COMMENTS:-----
SKIN
PMH: AS ABOVE; R ANKLE FUSION IN 1999, HAS R HIP AND LEG PAIN
ROS: C/O PLANTAR WART UNDER L FOOT, R HIP NAD LEG PAIN FROM NOT BEING
ABLE TO USE SHOE INSERTS; ALSO C/O TOOTH ACHE
PE: AA, NAD VS WNL
NML CV, PULM EXAM
NML GU EXAM
GC DONE

PHYSICANS ORDERS:-----
SHOE INSERTS
F5
DENTAL CONSULT
SIGNED OFF ON 12/02/08 AT 08:59 BY THOMAS A MOORE, PHYSICIAN II

NURSES RESPONSE:-----
MEDS ON MAR. OTR FOR SHOE INSERT. DENTAL CONSULTED.
SIGNED OFF ON 12/03/08 AT 12:21 BY JOE BERMUDEZ, UNCLASSIFIED

** ENCOUNTER: 138 PPD 11/24/08 10:48 KIRKLAND COMP
S> TST READ OMM
O> TEMP=000.0 PULSE= 0 RESP= 0 BP= 0/ 0 WEIGHT= 0 PPD= 0
SIGNED OFF ON 11/27/08 @ 10:30 BY VIRGINIA N PANTI, UNCLASSIFIED

** ENCOUNTER: 137 MENTAL HEALTH CLINIC 10/10/07 18:05 KIRKLAND COMP
CLOSED DUE TO INMATES RELEASE ON 10/11/07
REFERRED TO CCC: I/M HAS HX OF PTSD, DENIES HEARING VOICES OR SEEING IMAGES.

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DENIES SUICIDE ATTEMPTS OR THOUGHTS OF SUICIDE. DENIES HARM TO SELF OR OTHERS AT PRESENT TIME.

SIGNED OFF ON 10/10/07 @ 18:06 BY MARY E DUBOSE, LICENSED PRACTICAL NURSE

** ENCOUNTER: 136 PHYSICAL EXAM 10/10/07 18:02 KIRKLAND COMP
SCDC#: [REDACTED] PORCHER, REGINALD -
POB: CHARLESTON, SC UNITED STATES DOB: [REDACTED]
AGE: 28 RACE: BLACK SEX: M MARITAL STATUS: S
COMMITTING COUNTY: ORANGEBURG MAXOUT: 02/06/09 DORM: 0000
SS#: [REDACTED]

IN EMERGENCY NOTIFY: ROBERT PORCHER
RELATIONSHIP: FATHER
ADDRESS: [REDACTED]
WANDO, SC 29492 BERKELEY
[REDACTED]

FAMILY PHYSICIAN: DENIES

FAMILY HISTORY OF THE FOLLOWING ALIMENTS:-----

PATIENT ALLERGY HISTORY:-----

NKDA ADDED ON 09/13/02
NKDA ADDED ON 10/10/07
NKA ADDED ON 11/24/08

PATIENT MEDICAL HISTORY:-----

PATIENT HAS A HISTORY OF-----
ALCOHOL
STREET DRUGS
MENTAL HEALTH HISTORY
STD

CURR MED/DENTAL/MENTAL HX:-----

PTSD, RT ANKLE FUSED SINCE 2000 (MVA)

CURRENT MEDICATIONS:-----

PROZAC, VISTARIL

GENERAL APPEARANCE:-----

BEHAVIOR:-----

ALERT-PERS/PLACE/TIME
COOPERATIVE

COMMENTS:-----

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DENIES

VITALS:-----

HEIGHT: 6 FT 2 IN WEIGHT: 197 TEMP: 097.3 PULSE: 72
BP: 141/ 79 RESP: 20
VISION SCREEN WITHOUT GLASSES: R:20/ 25 L:20/ 25
WITH GLASSES: R:20/ 0 L:20/ 0

VACCINES:-----

PPD GIVEN

SIGNED OFF ON 10/10/07 AT 18:05 BY MARY E DUBOSE, LICENSED PRACTICAL NURSE

PHYSICAL ABNORMALITIES:-----

CURRENT MEDICAL CONDITIONS:-----

PHYSICANS COMMENTS:-----

PHYSICANS ORDERS:-----

NURSES RESPONSE:-----

** ENCOUNTER: 135 PPD 10/10/07 10:22 KIRKLAND COMP
CLOSED DUE TO INMATES RELEASE ON 10/11/07

S>
O> TEMP=000.0 PULSE= 0 RESP= 0 BP= 0/ 0 WEIGHT= 0 PPD= 0

** ENCOUNTER: 134 NARRATIVE 06/01/06 15:48 UNK COMP
RELEASED TODAY- MAXOUT
THOAMS E BYRNE DM
SIGNED OFF ON 06/01/06 @ 15:48 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 133 MENTAL HEALTH CLINIC 05/31/06 14:50 ALLENDALE COMP
CLOSED DUE TO INMATES RELEASE ON 06/01/06
LATE ENTRY; MAY 24,06:
INC. NOTE:

** ENCOUNTER: 132 MENTAL HEALTH CLINIC 05/31/06 14:47 ALLENDALE COMP
LATE ENTRY: MAY 18,06:
INC.NOTE:

INMATE DID NOT SHOW FOR SCHEDULED APPT. TO MAKE RELEASE APPTS. INMATE H
AS BEEN RE-SCHEDULED FOR MAY 24,06. INMATE WILL ALSO BE FORWARD AN OTR TO S
PEAK WITH VOC.REHAB FOR THAT DATE IN THE AFTERNOON.

VERLYNDA HENDERSON HSC 1.

SIGNED OFF ON 05/31/06 @ 14:50 BY VERLYNDA M HENDERSON, HUMAN SERVICES COORD

** ENCOUNTER: 131 DOCTOR'S CLINIC 05/23/06 13:05 ALLENDALE COMP
MAXOUT MEDS
P> HYDROCHLOROTHIAZIDE 25MG

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SIG:1 TAB DAILYX 14 DAYS MAOXUT 6/1/06 MEDS

SIG:

START DATE: 05/23/06 TOTAL DAYS: 14

MD: BYRNE, THOMAS -

THOMAS EBYRNE DM

SIGNED OFF ON 05/23/06 @ 13:06 BY THOMAS E BYRNE, PHYSICIAN II

SIGNED OFF ON 05/23/06 @ 13:39 BY MELVIN SCHROCK, REGISTERED NURSE I

** ENCOUNTER: 130 PPD 05/01/06 10:07 ALLENDALE COMP

A> SCREENING-PULMONARY TB

00 MM

SIGNED OFF ON 05/01/06 @ 10:08 BY MELVIN SCHROCK, REGISTERED NURSE I

** ENCOUNTER: 129 MENTAL HEALTH CLINIC 04/27/06 12:19 ALLENDALE COMP
INC. NOTE:

INMATE DID NOT SHOW FOR SCHEDULED APPT. AT 10:00A IN HAMPTON DORM. I SAW INMATE THIS MORNING WHILE ON MY WAY TO THE DORM. INMATE DID NOT SAY ANYTHING REFERENCE OF APPT. AT 12:00 TODAY WHILE ON YARD, INMATE YELLED THAT HE NEEDED TO SEE ME. THE NEXT I KNEW HE WAS BEING ESCORTED TO HOLDING CELL. HE STATED THAT HE WAS ON HIS WAY TO HOLDING CELL BECAUSE HE NEEDED TO SEE ME. WHEN ASKED WHY HE DID NOT COME TO APPT. HE SAID THAT HE THOUGHT THAT I WAS COMING TO HIS DORM. I INFORMED THAT IT WAS WRITTEN ON HIS OTR WERE TO REPORT. HE FAILED TO READ. HE ASSUMED.....

WILL RE-SCHEDULE FOR MAY.

VERLYNDA HENDERSON HSC 1.

SIGNED OFF ON 04/27/06 @ 12:22 BY VERLYNDA M HENDERSON, HUMAN SERVICES COORD

** ENCOUNTER: 128 DOCTOR'S CLINIC 03/31/06 12:58 ALLENDALE COMP
SEE MH NOTE

HASNT TAKEN PROZAC ALL MONTH

PALN D.C PROZAC

THOAMS E BYRNE MD

SIGNED OFF ON 03/31/06 @ 12:58 BY THOMAS E BYRNE, PHYSICIAN II

DC'D

SIGNED OFF ON 03/31/06 @ 18:10 BY MELVIN SCHROCK, REGISTERED NURSE I

** ENCOUNTER: 127 DOCTOR'S CLINIC 03/27/06 13:33 ALLENDALE COMP
MED REORDER- TAKES

P> HYDROCHLOROTHIAZIDE 25MG

SIG:1 TAB DAILYX 66D AYS FOR HIGH BLOOD PRESSURE

SIG:

START DATE: 03/27/06 TOTAL DAYS: 66

MD: BYRNE, THOMAS -

THOMAS E BYRNE MD

SIGNED OFF ON 03/27/06 @ 13:34 BY THOMAS E BYRNE, PHYSICIAN II

SIGNED OFF ON 03/27/06 @ 13:36 BY SHERRIANNE BELL, REGISTERED NURSE I

** ENCOUNTER: 126 MENTAL HEALTH CLINIC 03/14/06 14:34 ALLENDALE COMP
LATE ENTRY: MARCH 10, 06:

D; " MY MIND HAS SLOWED DOWN SOME. THE RACING THOUGHTS THAT I HAD IS NOT

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AS REGULAR AS THAT WERE. I HAVE BEEN DOING ALRIGHT. I AM NO LONGER TAKING ANY MEDS. I STOPPED TAKING ON MY OWN.

I AM NOT HAVING ANY PROBLEMS WITH MY TWO R/MATES NOR IN THE DORM OR WORK INMATE DENIED S/H THOUGHTS ALONG WITH A/V HALLUCINATIONS: NO MAJOR CONCERNS WITH A/S:

A: DX. IMPRESSION: ANXIETY D/O :
GAF = 75

INMATE WAS CALM WITH A PLEASANT ATTITUDE: APPEARED TO BE A & O X 3: NO EVIDENCE OF D/THINKING: APPROPRIATE EYE CONTACT ALONG WITH MANNERISM: SPEECH WAS CLEAR WITH A TIRED VOICE TONE: GOAL-ORIENTED:

WRITER DISCUSSED WITH INMATE THE IMPORTANCE OF TAKING THE MEDS BUT ITS ENTIRELY HIS CHOICE. GOOD THAT THE RACING THOUGHTS HAS DECREASED AND THAT MAYBE DUE TO OBTAINING INFO OF CAREER FIELD.

P: NEXT PROJECTED APPT. APRIL 12, 06:

IF INMATE CONTINUES TO MAINTAIN WITHOUT SYMPTOMS WITHIN HIS ENVIRONMENT WILL REFER BACK TO T/TEAM FOR CONSIDERATION OF D/CHARGE.

VERLYNDA HENDERSON HSC 1.

SIGNED OFF ON 03/14/06 @ 15:19 BY VERLYNDA M HENDERSON, HUMAN SERVICES COORD

** ENCOUNTER: 125 MENTAL HEALTH CLINIC 02/17/06 11:46 ALLENDALE COMP
LATE ENTRY: FEB. 9, 06:

D: " I AM DOING OKAY. I DO HAVE A JOB WHERE I AM WORKING AT THE GYM. I AM NOT AS DEPRESSED AS I WAS. I AM WORKING ON MY PLAN TO BETTER MYSELF AND WITH A GOAL. I DID NOT DO TO WELL WHEN I WENT OUT THE LAST TIME BECAUSE I DID NOT HAVE A PLAN. THIS TIME I DO. I WANT TO GET INTO RE-ESTATE. I AM READING EVERYTHING THAT I CAN GET MY HANDS ON ABOUT HOW YOU START AND THE COURSES THAT I NEED TO TAKE WHEN I GET OUT. I HAVE LEARNED THAT YOU HAVE TO HAVE A PLAN IN WHAT EVER YOU WANT TO DO. I GOT THAT THIS TIME.

INMATE DENIED S/H THOUGHTS ALONG WITH A/V HALLUCINATIONS: NO DISTRESS OF A/S:

A: DX. IMPRESSION: ANXIETY D/O : R/O PTSD:
GAF = 73

INMATE WAS CALM WITH A PLEASANT ATTITUDE: APPEARED TO BE A & O X 3: NO EVIDENCE OF D/THINKING: APPROPRIATE EYE CONTACT ALONG WITH MANNERISM: SPEECH WAS CLEAR AND COHERENT: FOCUS: GOAL-ORIENTED:

WRITER ENCOURAGED TO KEEP THAT THOUGHT ALIVE. THERE IS NOTHING WITHOUT A THOUGHT OUT PLAN. THERE ARE MANY STEPS FORWARD AND STAND STILLS THAT WILL BE ENCOUNTERED.

P: NEXT PROJECTED APPT. MARCH 8, 06:

CONT

TOPIC: DON'T QUIT !

VERLYNDA HENDERSON HSC 1.

SIGNED OFF ON 02/17/06 @ 11:57 BY VERLYNDA M HENDERSON, HUMAN SERVICES COORD

** ENCOUNTER: 124 MENTAL HEALTH CLINIC 02/07/06 11:07 ALLENDALE COMP
LATE ENTRY: JAN. 18, 06:

INC. NOTE:

IN REVIEW OF ABOVE, IT WAS AN OVERSIGHT WHERE INMATE DID NOT SHOW FOR SCHEDULED APPT. HE HAS BEEN RE-SCHEDULED FOR FEB. 9, 06.

VERLYNDA HENDERSON HSC 1.

SIGNED OFF ON 02/07/06 @ 11:08 BY VERLYNDA M HENDERSON, HUMAN SERVICES COORD

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** ENCOUNTER: 123 SICK CALL 01/12/06 10:15 ALLENDALE COMP
S> I NEED SOME PATCHES FOR MY FOOT
O> TEMP=097.7 PULSE= 60 RESP=18 BP=120/ 79 WEIGHT=208 PPD= 0
HAS A CALLOUS AREA ON L FOOT ABOUT THE SIZE OF A QUARTER
A> DEFERRED
P> I/M WANTS MORE PATCHES FOR HIS FOOT
WILL LEAVE OPEN TO MD
SIGNED OFF ON 01/12/06 @ 10:17 BY PAMELA C DERRICK, NURSE ADMINISTRATOR/MGR I
ORDERED
THOAMS E BYRNE DM
SIGNED OFF ON 01/12/06 @ 16:26 BY THOMAS E BYRNE, PHYSICIAN II
NOTED.
SIGNED OFF ON 01/12/06 @ 21:16 BY CHRISTINE MCFADDEN, LICENSED PRACTICAL NU

** ENCOUNTER: 122 MENTAL HEALTH CLINIC 12/14/05 9:39 ALLENDALE COMP
D: " MET WITH I/M TODAY HE STATED THAT HE WAS DOING OKAY JUST WANT TO HER
E FROM HIS PARENTS. SINCE HE HAS BEEN IN LOCKUP NO CONTACT WITH FAMILY MEMB
ERS. I/M STATED THAT HE WAS COUNTING THE DAYS AND HOPEFULLY HE WILL READY T
O BE RELEASED VERY SOON. I PLAN TO BEHAVE MYSELF AND STAY OUT OF TROUBLE.
I,AM TAKING MY MEDICATION AND DOING WHAT IS NEEDED TO MAINTAIN MY STABILITY
A: DX: IMPRESSION: ANXIETY NOS. R/O PTSD
GAF = 74
INMATE APPEARS TO BE A & O X 3. STABLE ON HIS MEDICATION AND DOING WELL. NO
SIGNS OF A/V HALLUCINATIONS OR DELUSIONAL THINKING. DENIED HAVING ANY EXPE
RIENCES WITH S/H THOUGHTS. I/M WAS VERY COOPERATIVE AND PLEASANT DURING TH
E TIME OF INTERVIEW.
P: NEXT PROJECTED APPT: 1/06.
MELVIN RANSOM, HSCII
SIGNED OFF ON 12/14/05 @ 11:24 BY MELVIN RANSOM, HUMAN SERVICES COORD II

** ENCOUNTER: 121 DOCTOR'S CLINIC 12/08/05 13:24 ALLENDALE COMP
26 YO SMU INAMTE
WANTS TO RESTART PROZAC THINKS NEEDS TO RESTART
DOESNT WANT VISTERIL
FLUOXETINE 20MG
SIG:1 TAB IN AM X 180D AYS UNIT DOSE
SIG:
START DATE: 12/08/05 TOTAL DAYS: 180
MD:BYRNE, THOMAS -
THOAMS E BYRNE MD
SIGNED OFF ON 12/08/05 @ 13:25 BY THOMAS E BYRNE, PHYSICIAN II
NOTED; PROZAC RE-STARTED, ADDED TO MAR.
SIGNED OFF ON 12/08/05 @ 14:07 BY ROSITA R THOMAS, LICENSED PRACTICAL NURSE

** ENCOUNTER: 120 DOCTOR'S CLINIC 12/01/05 12:44 ALLENDALE COMP
RTSM ?ABOUT RESTARTING PSYCH MEDS
PLAN MD APPT NEXT SMU CLINIC
THOAMS E BYRNE DM
SIGNED OFF ON 12/01/05 @ 12:45 BY THOMAS E BYRNE, PHYSICIAN II

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** ENCOUNTER: 119 NARRATIVE 11/08/05 6:37 ALLENDALE COMP
DR. BYRNE THIS INMATE UP AT PILL LINE WINDOW STATING HE DOES NOT WANT TO
TAKE THE PROZAC OR VISTARIL ANYMORE AND WANTS TO HAVE IT STOPPED.
RTHOMAS, LPN
SIGNED OFF ON 11/08/05 @ 6:38 BY ROSITA THOMAS, UNCLASSIFIED
PLAN D,C PROZAC/ D.C VISTERIL
THOAMS E BYRNE DM
SIGNED OFF ON 11/08/05 @ 8:22 BY THOMAS E BYRNE, PHYSICIAN II
NOTED
SIGNED OFF ON 11/08/05 @ 8:40 BY SHERRIANNE BELL, REGISTERED NURSE I

** ENCOUNTER: 118 MENTAL HEALTH CLINIC 10/20/05 16:32 ALLENDALE COMP
D: " I AM NOT AS DEPRESSED AS I USE TO BE, BUT ITS STILL THERE AND SO IS T
HE ANXIETY. DID THE DOCTOR TELL YOU WERE I GOT THAT PTSD FROM ? WHEN I WAS Y
OUNGER, I WAS MADE TO LOOK AT MY COUSIN THAT WAS FOUND IN THE WOODS AFTER A
COUPLE OF DAYS. THAT HAS STAYED WITH ME EVER SINCE. I USE TO DRINK ALOT AN
D DID DRUGS. THEN I WAS IN A COUPLE OF CAR WRECK AND RECEIVED TRAUMA TO THE
HEAD. I HAD A LOT OF PRESSURE PUT ON ME AS A CHILD TO DO GOOD. I HAVE A FAM
OUS BROTHER AND THE PRESSURE WAS APPLIED. THE FATHER IS VICE PRESIDENT FOR
TEN YEARS OF THE LONG SHOREMEN IN CHARLESTON. I DID NOT HAVE ANY GOALS OR P
LANS BACK WHEN I WAS GROWING UP. I HAVE MADE SOME NOW AND WORKING TOWARD IT
. I AM TAKING CORRESPONDENT COURSE DEALING WITH REAL ESTATE INVESTMENT AND I
T GOOD. THIS WHAT I WANT TO DO.

INMATE DENIED S/H THOUGHTS ALONG WITH NO A/V HALLUCINATIONS: A/S OKAY.

A: DX. IMPRESSION: PTSD R/O ANXIETY:

GAF = 73

INMATE WAS VERY RELAXED (STATED JUST GOT UP AT 11:00A): NO EVIDENCE OF D/TH
IKING: APPROPRIATE EYE CONTACT ALONG WITH MANNERISM: SPEECH WAS CLEAR AND C
OHERNT: APPEARED TO BE A & O X 3: PLEASANT DISPOSITION:

WRITER LISTENED AS HE TALKED ABOUT GROWING UP IN A PRESSURED HOME AND HI
S COUSIN'S BODY. HE WANTS TO BLAME ALL OF THAT RESULTING IN WHY CONT
HE TURNED OUT AND TO THIS POINT IN HIS LIFE. WE DISCUSSED HIS CURRENT GOAL
AND HIS PURSUE TOWARDS IT.

P: REFER BACK TO PSYCHIATRIST FOR RE-EVAL OF CURRENT MEDS:

NEXT PROJECTED APPT. NOV. 22, 05:

TOPIC; MAN IN THE MIRROR !

VERLYNDA HENDERSON HSC 1.

SIGNED OFF ON 10/20/05 @ 17:01 BY VERLYNDA M HENDERSON, HUMAN SERVICES COORD

** ENCOUNTER: 117 NARRATIVE 09/23/05 10:15 ALLENDALE COMP
S> RECIEVED CALLED FROM I/M'S FATHER WISHING TO DISCUSS HIS TWO NEW MEDS
O> TEMP=000.0 PULSE= 0 RESP= 0 BP= 0/ 0 WEIGHT= 0 PPD= 0
I/M CHART CHECKED, HAS PERMISSION SIGNED TO TALK TO FATHER
GAVE FATHER THE MEDICATION NAME PROZAC AND VISTARIL.
A> DEFERRED
P> NONE NEEDED AT THIS TIME
SIGNED OFF ON 09/23/05 @ 10:17 BY PAMELA C DERRICK, NURSE ADMINISTRATOR/MGR I

** ENCOUNTER: 116 NARRATIVE 09/22/05 11:49 ALLENDALE COMP

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ISSUED KNEE SLEEVE PER MD ORDER.

SIGNED OFF ON 09/22/05 @ 11:50 BY MYRA MANUEL, MEDICAL ASSISTANT TECH I
RECUIEVED RTSM FORM INAMTE

HAD KEE SURGERY

KNEE SLEEVE REQUEST REASOANBLE

THOAMS E BYRNE DM

SIGNED OFF ON 09/22/05 @ 11:50 BY THOMAS E BYRNE, PHYSICIAN II

- ** ENCOUNTER: 115 DOCTOR'S CLINIC 09/21/05 12:49 ALLENDALE COMP
HYDROXYZINE PAMOATE 25MG
SIG:1 TAB BID (ANXIETY)
SIG:
START DATE: 09/21/05 TOTAL DAYS: 90
MD:BAKER,STEPHEN K.
SIGNED OFF ON 09/21/05 @ 12:50 BY STEPHEN K BAKER, PHYSICIAN II
SIGNED OFF ON 09/21/05 @ 14:30 BY SHERRIANNE BELL, REGISTERED NURSE I
- ** ENCOUNTER: 114 DOCTOR'S CLINIC 09/21/05 12:48 ALLENDALE COMP
FLUOXETINE 20MG
SIG:1 TAB Q AM
SIG:
START DATE: 09/21/05 TOTAL DAYS: 90
MD:BAKER,STEPHEN K.
SIGNED OFF ON 09/21/05 @ 12:49 BY STEPHEN K BAKER, PHYSICIAN II
SIGNED OFF ON 09/21/05 @ 14:29 BY SHERRIANNE BELL, REGISTERED NURSE I
- ** ENCOUNTER: 113 MENTAL HEALTH CLINIC 09/21/05 12:35 ALLENDALE COMP
26 YEAR OLD AAM SEEN FOR PSYCH EVAL. REFERRED TO ASSESS ANXIETY. NO HX OF P
AST PSYCH TX. MAX-OUT 4/06. INCARCERATED 38 MONTHS. AT AGE 13 I/M REPORTS HIS
OLDER BROTHER MADE HIM LOOK AT THE DECOMPOSSING BODY OF HIS COUSIN TO SHOW
HIM WHAT COULD HAPPEN IF HE DIDN'T CHANGE HIS BEHAVIOR. HE REPORTS ANXIETY
"FOR YEARS." PAST HX OF PSA OF THC, COCAINE AND ALCOHOL. SAID HAD TRAUMA FR
OM MVA 1998, HEAD ON COLLISION IN WHICH HE FX BOTH ANKLES. REPORTS FLASHBAC
KS OF THESE EVENTS. MOOD ANXIOUS, NO SI, HI OR AVH. TP- GOAL DIRECTED. J&I F
AIR.
A- ANXIETY NOS R/O PTSD
P- PROZAC 20 MG Q AM AND VISTARIL 25 MG BID FOR ANXIETY.
RTC 2MOS
SK BAKER MD, PHD
NOTED
SIGNED OFF ON 10/04/05 @ 13:47 BY LORETTA M LAWTON, REGISTERED NURSE I
- ** ENCOUNTER: 112 MENTAL HEALTH CLINIC 09/20/05 13:57 ALLENDALE COMP
D: " I AM HAVING ANXIETY PROBLEMS. I HAVE BEEN IN MANY ACCIDENTS AND HAVE
HAD PROBLEMS. I AM JUST TRYING TO GET THINGS STRAIGHT BEFORE I LEAVE HERE.
I AM GOING TO APPLY FOR SOCIAL SECURITY. MY DISABILITY IS ALL THE TRAUMA THA
T I HAVE GONE THROUGH IN MY LIFE. NO, I DID NOT SEEK ANY KINDA OF HELP. HOW
ABOUT THIS PAPERWORK THAT I RECEIVED THAT AN INMATE CAN GET MONEY WHEN HE
GETS OUT BECAUSE OF THE MENTAL STRAIN OF BEING LOCKED UP. I AM COMING TO YO
U NOW FOR HELP.

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INMATE MADE NO REFERENCE OF S/H THOUGHTS ALONG WITH NO ISSUES WITH A/S:

A: DEFERRED:

GAF = 75

INMATE DISPLAYED A CALM AND PLEASANT ATTITUDE: APPEARED TO BE A & O X 3: NO EVIDENCE OF D/THINKING: FAIR EYE CONTACT ALONG WITH MANNERISM: SPEECH WAS CLEAR AND COHERENT:

WRITER INFORMED INMATE THAT HE CAN MAKE AN APPT. WITH SOCIAL SECURITY, BUT TO COME TO ME AND LET ME KNOW THAT HE IS GOING TO TRY AND GET DISABILITY ON MENTAL IS BAD. INMATE DOES NOT HAVE A HISTORY WITH RECEIVING ANY FORM OF TREATMENT WITH MENTAL HEALTH WHILE INCARCERATED. HE DOES NOT HAVE A HISTORY ON STREET EITHER. I TOLD HIM THAT I WAS NOT GOING TO HELP HIM OBTAIN AND IDEAS FROM ME ON HOW ONE SHOULD ACT WHEN OR WHAT TO SAY THAT CONT. WHILE ENHANCE HIS CHANCES WITH SOCIAL SECURITY. YOU MUST KNOW YOUR DISABILITY AND TREATMENTS THAT YOU HAVE TRIED ALONG WITH DOCTORS.

P: REFER TO DR. BAKER FOR EVAL.

WILL FOLLOW UP ON DOCTOR'S RECOMMENDATIONS.

VERLYNDA HENDERSON HSC 1.

SIGNED OFF ON 09/20/05 @ 14:22 BY VERLYNDA M HENDERSON, HUMAN SERVICES COORD

** ENCOUNTER: 111 NARRATIVE 08/31/05 13:29 ALLENDALE COMP
CAME TO MEDICAL WITHOUT CANE, CANE TAKEN, NOT NEEDED AT THIS TIME
SIGNED OFF ON 08/31/05 @ 13:29 BY PAMELA C DERRICK, NURSE ADMINISTRATOR/MGR I

** ENCOUNTER: 110 TELEPHONE ENCOUNTER 07/28/05 9:36 ALLENDALE COMP
S> HAD OC. CALL FOR ANKLE PAIN FROM A YR. AGO. STATES IT IS AN EMERGENCY. OC.
INSTRUCTED THIS IS NONEMERG. AND HAVE I/M SIGN UP FOR SICK CALL
O> TEMP=000.0 PULSE= 0 RESP= 0 BP= 0/ 0 WEIGHT= 0 PPD= 0
A> DEFERRED
P> INFORMED I/M TO SIGNUP FOR SICK CALL.
SIGNED OFF ON 07/28/05 @ 9:39 BY SHERRIANNE BELL, REGISTERED NURSE I

** ENCOUNTER: 109 NARRATIVE 06/08/05 17:12 ALLENDALE COMP
WOULD LIKE TO HAVE HCTZ REORDERED PLEASE.
SIGNED OFF ON 06/08/05 @ 17:13 BY MELVIN SCHROCK, REGISTERED NURSE I
ORDERED
THOAMS E BYRNE DM
SIGNED OFF ON 06/09/05 @ 7:52 BY THOMAS E BYRNE, PHYSICIAN II
SIGNED OFF ON 06/09/05 @ 14:59 BY MELVIN SCHROCK, REGISTERED NURSE I

** ENCOUNTER: 108 PPD 04/25/05 9:49 ALLENDALE COMP
A> SCREENING-PULMONARY TB
PPD GIVEN 00MM READING.
SIGNED OFF ON 04/25/05 @ 9:49 BY CHRISTINE MCFADDEN, LICENSED PRACTICAL NU

** ENCOUNTER: 107 BLOOD PRESSURE CLINI 04/04/05 14:04 ALLENDALE COMP
B/P = 0/ 0 PULSE = 0 WEIGHT = 0
NO SHOW FOR B/P CLINIC. SIGNED OTR RETURNED. ON HCTZ 25 MG QD, ORDERED REGU
LARLY PER MAR. WILL RESCHEDULE FOR NEXT B/P CLINIC.
SIGNED OFF ON 04/04/05 @ 14:05 BY DEBBIE GOODWIN, UNCLASSIFIED
THOMAS E BYRN EMD

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SIGNED OFF ON 04/04/05 @ 15:48 BY THOMAS E BYRNE, PHYSICIAN II

- ** ENCOUNTER: 106 OUTSIDE APPOINTMENT 08/12/04 12:41 ALLENDALE COMP
SIGNED OFF ON 11/08/04 @ 12:41 BY SHERRI L JORDAN, ADMINISTRATIVE COORD I
- ** ENCOUNTER: 105 FOLLOW-UP DENTAL 11/01/04 13:35 ALLENDALE COMP
I\M WANTED UPPER PARTIAL REPAIRED. OFFERED TO SEND IT TO THE LAB AND I\M
CHOSE TO HANDLE IT HIMSELF BY SENDING IT TO HIS MOM WHO WAS GOING TO
SEND IT TO HIS DENTIST ON THE STREET. REFER TO HARD COPY.
SIGNED OFF ON 11/01/04 @ 13:37 BY CARLA R THOMAS-DAVIS, MEDICAL ASSISTANT TEC
- ** ENCOUNTER: 104 FOLLOW-UP DENTAL 10/26/04 14:46 ALLENDALE COMP
UPPER PARTIAL TOOTH BROKEN. SCHEDULED FOR DR. HANEY TO LOOK AT IT.
SIGNED OFF ON 10/26/04 @ 14:46 BY CARLA R THOMAS-DAVIS, MEDICAL ASSISTANT TEC
- ** ENCOUNTER: 103 BLOOD PRESSURE CLINI 10/18/04 11:31 ALLENDALE COMP
B/P = 113/ 69 PULSE = 86 WEIGHT = 212
S: SEEN FOR HTN CLINC. DENIES ANY PROBLEMS. STATES COMPLIANT W/ MEDS.
O: B/P 133/69 P86 WGTH 212. CURRENT MED HCTZ
A: AFFECT PLEASANT, EYE CONTACT FAIR, A&O X3, NAD.
P: CONT IN HTN CLINIC Q6M AND PRN. REVIEWED AND DISCUSSED IMPORTANCE OF COM
PLIANCE W/ MEDICATION, DIET, EXERCISE. ALL QUESTIONS ANSWERED, VERBALIZED U
NDERSTANDING AND INTENT TO COMPLY.
SIGNED OFF ON 10/18/04 @ 11:34 BY DEBBIE GOODWIN, UNCLASSIFIED
THOMAS E BYRNE DM
SIGNED OFF ON 10/18/04 @ 13:50 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 102 DOCTOR'S CLINIC 08/12/04 14:43 ALLENDALE COMP
RETURNED FORM ELECTIVE OUTSIDE APPR DR DAERY MUSC
NO OFFICE NOT RECIEVED
THOAMS E BYRNE DM
SIGNED OFF ON 08/12/04 @ 14:43 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 101 DOCTOR'S CLINIC 08/03/04 8:55 ALLENDALE COMP
RTSM FOR LOW SODIUM DIET
REPLY: I AM SORRY, YOU DO NOT MEET THE CRIERIA FOR THE LOW SODIUM DIET
IT IS FOR INMATES WITH HEART FAILURE OR SEVERE HYPERTENSION
AVOID EXTRA SALT OIN FOOD
THOAMS E BYRNE DM
SIGNED OFF ON 08/03/04 @ 8:59 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 100 LAB CLINIC 07/21/04 8:54 ALLENDALE COMP
CBC DRAWN. SENT T OKCI LAB THIS A.M.
SIGNED OFF ON 07/21/04 @ 8:55 BY CARLA R THOMAS-DAVIS, MEDICAL ASSISTANT TEC
HBG 13.3 HCT 42.1
POST SURGERY
OK
THOMAS E BYRNE DM
SIGNED OFF ON 07/27/04 @ 10:11 BY THOMAS E BYRNE, PHYSICIAN II

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** ENCOUNTER: 99 NARRATIVE 07/14/04 13:54 ALLENDALE COMP
I/M'S FOLLOW-UP APP'T WITH DR. DALEY AT RUTLEDGE TOWERS IN CHARLESTON FOR
7/15/04 HAS BEEN RESCHEDULED FOR 8/12/04 DUE TO TRANSPORTATION PROBLEMS.
THERE ARE SEVERAL COURT RUNS FOR 7/15 AND TRANSPORTATION IS UNABLE TO
HANDLE THIS MEDICAL RUN.
SIGNED OFF ON 07/14/04 @ 14:00 BY LINDA F RAHN, RECORDS ANALYST I

** ENCOUNTER: 98 SICK CALL 07/09/04 10:11 ALLENDALE COMP
S> " I CAME TO GET MY B/P CHECKED AND WANTS MEDIPLAST FOR HARDEN AREA ON FOOT
"
O> TEMP=098.1 PULSE= 64 RESP=20 BP=140/ 80 WEIGHT=204
I/M A/O X3
A> SEE ABOVE
P> REFER TO MD FOR MEDIPALST RENEWAL.
SIGNED OFF ON 07/09/04 @ 10:18 BY DESIREE BROADWATER, UNCLASSIFIED
PLAN ORDER
THOAMS E BYRNE DM
SIGNED OFF ON 07/09/04 @ 12:50 BY THOMAS E BYRNE, PHYSICIAN II
SIGNED OFF ON 07/12/04 @ 8:09 BY MELVIN SCHROCK, REGISTERED NURSE I

** ENCOUNTER: 97 DOCTOR'S CLINIC 06/22/04 11:30 ALLENDALE COMP
O> TEMP=097.6 PULSE= 68 RESP=20 BP=162/120 WEIGHT=206
(R) 162/110
SIGNED OFF ON 06/22/04 @ 11:33 BY MYRA MANUEL, MEDICAL ASSISTANT TECH I
25 YO MAOXUT 4/06
NOW ON YARD
WANTS CALLOUS PADS DFOR 14 DASY- SEVER CALLOIUS
WANTS BP MEDS FOR HTN- PALN RODER
ASLO EXPALIEN DIUSSUE OF OUTSIDE ELECTIVE AND NEEDS TO GO THROUGH MS
PREISTER, I MISTAKENLY GOT INVOLVED LAST VIST- IF MR PORCHER WANTS TO
GO BACK F/ORF.U HE NEEDS TO GO THROUGH HER (MS PREISTER)
I DO NTO FEEL MEDICALLY NECESSARY FOR ID MD F/U
THOAMS E BYRNE DM
SIGNED OFF ON 06/22/04 @ 11:53 BY THOMAS E BYRNE, PHYSICIAN II
SIGNED OFF ON 06/22/04 @ 12:09 BY PAMELA C DERRICK, NURSE ADMINISTRATOR/MGR I

** ENCOUNTER: 96 SICK CALL 06/21/04 11:41 ALLENDALE COMP
S> I WANT TO SEE THE DR ABOUT GETTUNG ON SOME H/P PILLS. I HAVE SOME SPEECH TR
OUBLE FROM THE HEAD INJURY BUT IT SEEMS TO BE GETTING WORSE. SOMETIMES WHE
N I TALK MY MOUTH DROPS AND I DROOL. IT'S HAPPENING ALOT.
O> TEMP=098.2 PULSE= 62 RESP=18 BP=150/100 WEIGHT=206 NAD AT PRES
ENT.
A> DEFER
P> LEAVE OPEN FOR MD.
SIGNED OFF ON 06/21/04 @ 11:44 BY DEBBIE GOODWIN, UNCLASSIFIED
PLAN MD APP
TTHOAMS E BYRNE DM
SIGNED OFF ON 06/21/04 @ 13:25 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 95 NARRATIVE 06/17/04 9:08 CHARLESTON CO COMP

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TO MUSC TODAY FOR APPT WITH DR DALEY (ID)
F/U APPT FORM RECENT HOSPITALIZAION
ELECTIVE OUTSIDE CARE- WANTS TO SEE MUSC MD- ORIGINALLY AHD SURGERY IN
CHARLESTON PRIOR TO INCARCERATION
THOMAS E BYRNE MD
SIGNED OFF ON 06/17/04 @ 9:10 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 94 NARRATIVE 06/16/04 9:09 ALLENDALE COMP
I/M SCHEDULED FOR FOLLOW-UP VISIT WITH DR. DALEY AT RUTLEDGE TOWERS IN
CHARLESTON ON 06/17/04 AT 10:30 AM. THIS IS AN OUTSIDE ELECTIVE MEDICAL
REQUEST. TRANSPORTATION NOTIFIED.
SIGNED OFF ON 06/16/04 @ 9:11 BY LINDA F RAHN, RECORDS ANALYST I
RETURNED
NO PAPERWORK OR F/U REQUEST RETURNED
MR PORCHER CAN PURSUE F/U IF DESIRES
THOMAS E BYRNEMD
SIGNED OFF ON 06/17/04 @ 15:45 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 93 DOCTOR'S CLINIC 06/15/04 14:18 ALLENDALE COMP
NOW OUT OF SMU
WANTS CANE BACK FOR BALANCE
HAS LEG LENGTH DISCREPENCT
PLAN CANE ISSUED
ALSO WANTS MOTE MEDIPLAST
PLAN ORDER
MEDIPLAST SAL PLAST SHEER 40%
SIG: APPLY TO CALLOUS AS DIRECTED
SIG:
START DATE: 06/15/04 TOTAL DAYS: 1
MD: BYRNE, THOMAS -
WANTS TO GO FOR OUTDE APPT
ARRANGEMENT MADE IF OKD BY COLUMBIA
THOAMS E BYRNE MD
SIGNED OFF ON 06/15/04 @ 14:20 BY THOMAS E BYRNE, PHYSICIAN II
SIGNED OFF ON 06/15/04 @ 14:26 BY LORETTA M LAWTON, REGISTERED NURSE I

** ENCOUNTER: 92 LAB CLINIC 06/14/04 15:14 ALLENDALE COMP
LABS MUSC 5.20.04
SED RATE 6
CBC WBC 2.3 HBG 11.2 HCT 34.1{
THOMAS E BYRNE DM
SIGNED OFF ON 06/14/04 @ 15:15 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 91 LAB CLINIC 06/10/04 13:28 ALLENDALE COMP
SMU INMATE- NEEDS CBC
THOMAS E BYRNE MD
SIGNED OFF ON 06/10/04 @ 13:28 BY THOMAS E BYRNE, PHYSICIAN II
SCHEDULED
SIGNED OFF ON 06/11/04 @ 9:19 BY CARLA R THOMAS-DAVIS, MEDICAL ASSISTANT TEC

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** ENCOUNTER: 90 OUTSIDE RECOMMENDATI 06/10/04 13:27 ALLENDALE COMP
SAW DR DAILEY- ID- 5/20/04 MUSC
CONSULT NOT IN CHART
THOMAS E BYRNE MD
SIGNED OFF ON 06/10/04 @ 13:27 BY THOMAS E BYRNE, PHYSICIAN II
CALLED MUSC
THEY WILL FAX NOTE TODAY
THOMAS E BYRNE MD
SIGNED OFF ON 06/14/04 @ 12:24 BY THOMAS E BYRNE, PHYSICIAN II
RECIEVED CLINCI NOTES (TYPED)
SCHEDULED FOR 4 WEEK F/U
LAN CHACKED WITH WARDENS OFFICE- THIS IS INAMTES F/U ARRANGED BY HIM
MR PORCHER DOING FINE AND I DO NTO FEEL MEDICALLY NECSSARY TO GO BACK TO
MUSC AT THIS POPINTM, CAN BE ARRANGED AS ELECTIVE
THOAMS E BYRNE MD
SIGNED OFF ON 06/14/04 @ 15:09 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 89 DOCTOR'S CLINIC 06/10/04 13:24 ALLENDALE COMP
S> 25 YO SMU IANMTE MAOXUT 8/06
RETURNING INMATE
LEG FINE
WANTYS MEDIPALST
STATES ID SAW 5/20/04 AND WANTED TO SEE IN 4 WEEKS
O> TEMP=99.8, PULSE= 56 RESP=16 BP=120/ 86 WEIGHT=202
PLEASANTR MALE IN AND
LAST CBC WBC 2.2 HBG 12.1 5/27/04 (HBG HAD BEEN 8.03)
A> POST
P> MEDIPLAST SAL PLAST SHEER 40%
SIG:APPLY TO CALLOUS ON SOLE
SIG:
START DATE: 06/10/04 TOTAL DAYS: 1
MD:BYRNE, THOMAS -
CNBC ORDERED
ORHTO SAW 5/19/04- NO F.U NEEDED
DO NOT HAVE 5/2004 NOE ON CHART- WILL NEED NOTE - DR DAILEY
THOMAS E BYRNE MD
SIGNED OFF ON 06/10/04 @ 13:27 BY THOMAS E BYRNE, PHYSICIAN II
SIGNED OFF ON 06/10/04 @ 13:39 BY PAMELA C DERRICK, NURSE ADMINISTRATOR/MGR I

** ENCOUNTER: 88 NARRATIVE 06/03/04 18:18 ALLENDALE COMP
NEW ARRIVAL NO MEDS HAD SURGERY IN APRIL 2004 FROM HIP TO HIS KNEE. MEDICAL
HANDOUT WAS ISSUED AND EXPLAINED.
SIGNED OFF ON 06/03/04 @ 18:20 BY MAYELLA B SAXON, MEDICAL ASSISTANT TECH I
RETURNING INMATE
THOMAS E BYRNE MD
SIGNED OFF ON 06/04/04 @ 7:50 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 87 OUTSIDE APPOINTMENT 05/20/04 10:30 LIEBER COMP
SIGNED OFF ON 06/03/04 @ 10:30 BY SHERRI L JORDAN, ADMINISTRATIVE COORD I

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** ENCOUNTER: 86 LAB CLINIC 05/26/04 21:06 LIEBER COMP
WEEKLY CBC COLLECTED W/OUT DIFFICULTY.
SIGNED OFF ON 05/26/04 @ 21:06 BY TEGAN EGGER, REGISTERED NURSE I

** ENCOUNTER: 85 OUTSIDE APPOINTMENT 05/07/04 14:19 LIEBER COMP
I/M HAS APPT WITH CHARLESTON BONE AND JOINT ON 5/19/04
SIGNED OFF ON 05/07/04 @ 14:20 BY JOSE A TAMAYO, RECORDS ANALYST I

** ENCOUNTER: 84 OUTSIDE APPOINTMENT 05/07/04 14:07 LIEBER COMP
I/M SCHEDULED FOR APPT IN INFECTIOUS DISEASE CLINIC ON 5/20/4
SIGNED OFF ON 05/07/04 @ 14:07 BY JOSE A TAMAYO, RECORDS ANALYST I

** ENCOUNTER: 83 LAB CLINIC 04/28/04 1:20 LIEBER COMP
CBC COLLECTED W/O DIFFICULTY
SIGNED OFF ON 04/28/04 @ 1:21 BY TEGAN EGGER, REGISTERED NURSE I

** ENCOUNTER: 82 PHYSICAL EXAM 04/22/04 23:53 LIEBER COMP
SCDC#: 00287072 PORCHER, REGINALD
POB: CHARLESTON, SC UNITED STATES DOB: 04/20/79
AGE: 25 RACE: BLACK SEX: M MARITAL STATUS: S
COMMITING COUNTY: ORANGEBURG MAXOUT: 02/06/09 DORM: 0000
SS#: 247-47-7576

IN EMERGENCY NOTIFY: ROBERT PORCHER
RELATIONSHIP: FATHER
ADDRESS: [REDACTED]
WANDO, SC. 29492 BERKELEY
[REDACTED]

FAMILY PHYSICIAN: DENIES

FAMILY HISTORY OF THE FOLLOWING ALIMENTS:-----

PATIENT ALLERGY HISTORY-----

NKDA ADDED ON 09/13/02
NKDA ADDED ON 10/10/07
NKA ADDED ON 11/24/08

PATIENT MEDICAL HISTORY-----

PATIENT HAS A HISTORY OF-----

CURR MED/DENTAL/MENTAL HX:-----

CURRENT MEDICATIONS:-----

GENERAL APPEARANCE:-----

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BEHAVIOR:-----

COMMENTS:-----

VITALS:-----

HEIGHT: 6 FT 2 IN WEIGHT: 0 TEMP: 000.0 PULSE: 0
BP: 0/ 0 RESP: 0
VISION SCREEN WITHOUT GLASSES: R:20/ 0 L:20/ 0
WITH GLASSES: R:20/ 0 L:20/ 0

VACCINES:-----

SIGNED OFF ON 04/26/04 AT 13:54 BY MARTHA L GEDERT, NURSE ADMINISTRATOR/MGR
INDICATED NO NEED FOR DOCTORS REVIEW

PHYSICAL ABNORMALITIES:-----

NO ABNORMALITIES

CURRENT MEDICAL CONDITIONS:-----

PHYSICANS COMMENTS:-----

PHYSICANS ORDERS:-----

NURSES RESPONSE:-----

- ** ENCOUNTER: 81 LAB CLINIC 04/21/04 20:11 LIEBER COMP
CBC COLLECTED W/O DIFFICULTY, I/M TOLERATED PROC. WELL.
SIGNED OFF ON 04/21/04 @ 20:12 BY TEGAN EGGER, REGISTERED NURSE I
- ** ENCOUNTER: 80 OUTSIDE APPOINTMENT 03/16/04 8:54 LIEBER COMP
SIGNED OFF ON 04/21/04 @ 8:54 BY SHERRI L JORDAN, ADMINISTRATIVE COORD I
- ** ENCOUNTER: 79 OUTSIDE APPOINTMENT 04/12/04 8:53 LIEBER COMP
SIGNED OFF ON 04/21/04 @ 8:53 BY SHERRI L JORDAN, ADMINISTRATIVE COORD I
- ** ENCOUNTER: 78 DOCTOR'S CLINIC 04/20/04 15:23 LIEBER COMP
TO LEIBER INFIRMIRY TODAY
CALLED IN ORDERS
THOMAS E BYRNE MD ACI
SIGNED OFF ON 04/20/04 @ 15:23 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 77 DOCTOR'S CLINIC 04/20/04 10:01 ALLENDALE COMP
SEE LAST NOTES
SINCE ACI ON LOCKDOWN FORM GSW OVER WEEKEND , WE WILL BE UNABLE TO CARE FOR
- NEEDS INFIRMIRY SETTING- ARRANGEMENTS BEING MADE TO SEND TO LEIBER INFIRM
IRY TODAY- THIS WILL ALSO BE CONVENIENT TO MUSC- LEIBER AWARE
THOMAS EBYRNE MD
SIGNED OFF ON 04/20/04 @ 10:02 BY THOMAS E BYRNE, PHYSICIAN II

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- ** ENCOUNTER: 76 DOCTOR'S CLINIC 04/20/04 8:25 ALLENDALE COMP
RETURNED FROM MUSC
RETOIUNRE PICC LINE CARE
F/U MAY 5TH ORTHO MAY 10TH IOD
ROCEPHIN 2 GRAMS IV QD X 6 WEEKS
ROCEPHIN 1GM VIALS
SIG: 2 GRAMS IV X 6 WEEKS- INFECTED HARDWARE
SIG:
START DATE: 04/20/04 TOTAL DAYS: 42
MD: BYRNE, THOMAS -
ROUTINE PIC LINE CARE
THOAMS E BYRNEM DM
SIGNED OFF ON 04/20/04 @ 8:28 BY THOMAS E BYRNE, PHYSICIAN II
SIGNED OFF ON 04/21/04 @ 7:38 BY PAMELA C DERRICK, NURSE ADMINISTRATOR/MGR I
- ** ENCOUNTER: 75 NARRATIVE 04/19/04 21:59 MEDICAL UNIV SC COMP
2200 IM ARRIVED FROM MUSC. WAS GIVEN WALKER FROM MEDICAL. IM WENT TO SMU.
NEEDS ROCEPHIN 2 GMS IV Q DAY.
OXYCODONE ORDERED. MOTRIN 400 MG STARTER PACK GIVEN ON ARRIVAL.
DR BYRNE TO ADDRESS PAIN MED ISSUE IN AM.
SIGNED OFF ON 04/19/04 @ 22:06 BY MELVIN SCHROCK, REGISTERED NURSE I
THOAMS E BYRNE DM
SIGNED OFF ON 04/20/04 @ 8:28 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 74 TELEPHONE ENCOUNTER 04/19/04 19:12 MEDICAL UNIV SC COMP
1855 RECEIVED PHONED REPORT FROM NURSE MARY JANE SMITH AT MUSC. INMATE LEFT
APPROX 5 MIN EARLIER TO RETURN TO ALLENDALE. ALL HARDWARE REMOVED FROM INFE
CTED LEG ON 4/13/04 AND I&D'D. WAS I&D'D ON AGAIN ON 4/15/04 AND CLOSED.
HAS NON PITTING EDEMA FROM GROIN TO KNEE OF WHICH HIS PHYSICIAN IS AWARE.
PIC LINE WAS STARTED IN LEFT UPPER ARM AND VANCOMYCIN INFUSED IV. IS TO
RECEIVE ROCEPHIN IV AT ACI. NEEDS WALKER ON ARRIVAL WAS GIVEN OXYCODON PRIOR
TO LEAVING.
MEDICAL INFORMATION INCLUDING LABS AND ORDERS GIVEN TO TRANSFERRING OFFICER
SIGNED OFF ON 04/19/04 @ 19:20 BY MELVIN SCHROCK, REGISTERED NURSE I
THOMAS E BYRNE DM
SIGNED OFF ON 04/20/04 @ 8:29 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 73 TELEPHONE ENCOUNTER 04/16/04 9:05 MEDICAL UNIV SC COMP
CALL FROM DR DALEY- INFECTIOUS DISEASE MUSC
ALL HARDWARE IN KNEE AREA REMOVED- INMATE SHOULD DO FINE
THEY HAVE CX PENIDNG AND WANT TO TRAT WITH IV ABX
WANTS TO KNOW IF PRISON CAN GIVE
WILL LIKELY BE READY FOR DISCHARGE OVER WEEKEND OR EARLY NEXT WEEK
REPLY: WE HAVE AN INFIRMIRIES IN SCDC AND CAN GIVE IV ABX
THOMAS E BYRNE MD
SIGNED OFF ON 04/16/04 @ 9:07 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 72 TELEPHONE ENCOUNTER 04/15/04 11:07 MEDICAL UNIV SC COMP

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CALL FORM MUSC UTILIZATION REVIEW RE MR PORCHER
SHERRI NEAL 843 792 6554
PLAN PASS MESSAGE ALONG TO COLUMBIA
THOMAS E BYRNE MD
SIGNED OFF ON 04/15/04 @ 11:08 BY THOMAS E BYRNE, PHYSICIAN II

- ** ENCOUNTER: 71 NARRATIVE 04/13/04 10:28 MEDICAL UNIV SC COMP
RECIEVED RTSM WANTING A PRINT OUT OF ENTIRE MEDICAL HX WHILE IN SCDC.
TOLD TO SEND REQUEST TO MS RAHN IN MEDICAL RECORDS. WE DO NOT GIVE I/M'S PR
INT OUT OF MEDICAL RECORDS
SIGNED OFF ON 04/13/04 @ 10:29 BY PAMELA C DERRICK, NURSE ADMINISTRATOR/MGR I
- ** ENCOUNTER: 70 DOCTOR'S CLINIC 04/13/04 8:26 MEDICAL UNIV SC COMP
SEE LAST NOTES
ADMITTED TO MUSC
THOMAS E BYRNE MD
SIGNED OFF ON 04/13/04 @ 8:26 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 69 NARRATIVE 04/12/04 12:36 MEDICAL UNIV SC COMP
SEE LAST NOTES
DR MERRILL TO SEE THIS AFTERNOON AT MUSC ER
THOMAS E BYRNE MD
SIGNED OFF ON 04/12/04 @ 12:37 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 68 NARRATIVE 04/10/04 15:49 ALLENDALE COMP
DRESSING WAS CHANGED AND CLEANED VIA ASSISTANT DAVIS OVER JASPER.
DRSG TO RIGHT THIGH IS HEALING WELL WILL CONT TO MOINTOR.
CINDY FLORENCE, LPN
SIGNED OFF ON 04/10/04 @ 15:51 BY CINDY FLORENCE, UNCLASSIFIED
IS GOING TO MUSC TODAY
THOMAS E BYRNE MD
SIGNED OFF ON 04/12/04 @ 8:50 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 67 NARRATIVE 04/09/04 13:21 ALLENDALE COMP
APP'T SCHEDULED WITH DR. KEITH MERRILL AT HIS OFFICE AT ST. FRANCIS
HOSPITAL IN CHARLESTON ON 04/12/04 AT 2:00PM FOR OUTSIDE ELECTIVE
HEALTHCARE. TRANSPORTATION NOTIFIED.
SIGNED OFF ON 04/09/04 @ 13:29 BY LINDA F RAHN, RECORDS ANALYST I
- ** ENCOUNTER: 66 NARRATIVE 04/08/04 13:35 ALLENDALE COMP
I/M TO MEDICAL IN SMU FOR DRESSING CHANGE TO RIGHT KNEE.
LOWER THIGH AND KNEE AREA IS SWOLLEN, AND HAS PRESENCE OF A DARK- GREENISH
THICK DRAINAGE OZZING FROM A PINHOLE LOCATED TO THE RIGHT KNEE AREA.
LARGE AMOUNT OF DRAINAGE NOTED ON PRIOR DRESSING.
CLEANSED AREA WITH PEROXIDE/NSS AND APPLIED TRIPLE OINTMENT, 4X4'S AND WRAPP
ED WITH A STERILE CONFORMING BANDAGE.
SIGNED OFF ON 04/08/04 @ 13:39 BY MYRA MANUEL, MEDICAL ASSISTANT TECH I
IS GOING TO MUSC TODAY
THOMAS E BYRNE MD
SIGNED OFF ON 04/12/04 @ 8:50 BY THOMAS E BYRNE, PHYSICIAN II

- ** ENCOUNTER: 65 NARRATIVE 04/07/04 14:20 ALLENDALE COMP
I/M ASSIGNED TO SMU. PRIOR DRESSING ON LEFT KNEE AREA HAS GREENISH DRAINAGE
LARGE AMOUNT NOTED. ALSO HAS FOUL ODOR. CLEANSED AREA WITH NSS AND APPLIED
TRIPLE OINTMENT, 4X4'S AND COVERED WITH ABD PAD AND HYPAFIX.
SIGNED OFF ON 04/07/04 @ 14:22 BY MYRA MANUEL, MEDICAL ASSISTANT TECH I
IS GOING TO MUSC TODAY
THOMAS E BYRNE MD
SIGNED OFF ON 04/12/04 @ 8:50 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 64 NARRATIVE 04/07/04 13:56 ALLENDALE COMP
OUTSIDE CALL RECIEVED FROM DR MERLEE AT MUSC STATING HE HAD GOTTEN FORM FOR
OUTSIDE MEDICAL. WISHES TO SPEAK TO SOMEONE RE: GETTING INMATE TO MUSC ER
FOR HIM TO TREAT. CALL TRANSFERRED TO WARDEN.
SIGNED OFF ON 04/07/04 @ 13:59 BY DEBBIE GOODWIN, UNCLASSIFIED
IS GOING TO MUSC TODAY
THOMAS E BYRNE MD
SIGNED OFF ON 04/12/04 @ 8:50 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 63 NARRATIVE 04/06/04 15:19 ALLENDALE COMP
I/M UP FOR DRESSING CHANGE TO THE RIGHT OUTER SIDE OF KNEE. LARGE AMOUNT OF
DRAINAGE NOTED TO OLD DRESSING. AREA CLEANED AND NEW DRESSING APPLIED. NO
FOUL ODOR NOTED TO THE AREA.
SIGNED OFF ON 04/06/04 @ 15:22 BY SYLVIA V RAWLS, LICENSED PRACTICAL NURSE
IS GOING TO MUSC TODAY
THOAMS E BYRNE MD
SIGNED OFF ON 04/12/04 @ 8:50 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 62 NARRATIVE 04/05/04 14:15 ALLENDALE COMP
INMATE UP FOR DRESSING CHANGE. LARGE AMT THIN GREEN DRAINAGE FROM PINPOINT
HOLE TO RIGHT THIGH IN OLD INCISION. WASHED W/ N/S, TRIPLE ANTIBIOTIC APPLI
ED, COVERED W/ 4X4 AND HYPAFIX. INMATE ALSO GIVEN REQUEST FORM AND INSTRUCT
IONS ON FILING IT TO INMATE.
SIGNED OFF ON 04/05/04 @ 14:17 BY DEBBIE GOODWIN, UNCLASSIFIED
SIGNED OFF ON 04/05/04 @ 15:04 BY PAMELA C DERRICK, NURSE ADMINISTRATOR/MGR I
- ** ENCOUNTER: 61 NARRATIVE 04/05/04 11:28 ALLENDALE COMP
S> ELECTIVE OUTSIDE HEALTH CARE FORM REQUESTED PER PHONE CALL FROM I/M'S
MOTHER.
O> ELECTIVE OUTSIDE HEALTH CARE FORM REQUESTED.
A> HAS LEG INJURY PRIOR TO INCARCERATION AND WISHES TO HAVE OUTSIDE TREATMENT.
P> ELECTIVE OUTSIDE HEALTHCARE FORM SENT TO I/M IN LOCK-UP. INSTRUCTIONS WERE
SENT AS TO ROUTE FORM SHOULD TAKE. ALSO SENT M.D.'S ADDRESS AS GIVEN BY
I/M'S MOTHER.
SIGNED OFF ON 04/05/04 @ 11:40 BY LINDA F RAHN, RECORDS ANALYST I
- ** ENCOUNTER: 60 NARRATIVE 04/04/04 23:09 ALLENDALE COMP
DRESSING TO R OUTER KNEE CHANGED AND CLEANED WITH NSS AND APPLIED TAO, I/M
VOICES NO CONCERNS OR COMPLAINTS AT THIS TIME.
ROSITA THOMAS LPN

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SIGNED OFF ON 04/04/04 @ 23:10 BY ROSITA THOMAS, UNCLASSIFIED
SIGNED OFF ON 04/05/04 @ 10:11 BY PAMELA C DERRICK, NURSE ADMINISTRATOR/MGR I

** ENCOUNTER: 59 NARRATIVE 04/02/04 14:35 ALLENDALE COMP
I/M IN FOR DAILY DRESSING CHANGE TO (R) OUTER KNEE. PREVIOUS DRESSING
SATURATED W/ YELLOWISH-GREEN PUS. MINOR ODOR DETECTED. DRAINAGE ALSO
PRESENT WHEN PRESSED UPON. AREA CLEANED AND NEW DRESSING APPLIED.

K.R.FENNELL

SIGNED OFF ON 04/02/04 @ 14:40 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I
ON CIPRO

CX PENDING

THOAMS E BYRNE DM

SIGNED OFF ON 04/02/04 @ 14:40 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 58 NARRATIVE 04/01/04 14:45 ALLENDALE COMP
WOUND ON (R) OUTER KNEE PRODUCES LARGE AMOUNT OF DRAINAGE W/ ODOR. PREVIOUS
DRESSING SATURATED WITH GREENISH SUBSTANCE. I/M C/O KNEE PAIN. CLEANED AND
NEW DRESSING APPLIED. K.R.FENNELL

SIGNED OFF ON 04/01/04 @ 14:49 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I
THOMAS E BYRNE MD

SIGNED OFF ON 04/01/04 @ 14:49 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 57 DOCTOR'S CLINIC 03/31/04 13:29 ALLENDALE COMP
S> 24 YO SMU INAMTE MAXOUT 8/06
F/U KNEE

SWEELING BETTER

STILL SDRAINAGE

ON ABX

CX PENDING

O> TEMP=098.3 PULSE= 70 RESP=18 BP=110/ 80 WEIGHT=205

PLEASANT MALE IN AND

OLD KNEE SCARS R KNEE

SOME DRAINAGE Laterally

A> OLD SCAR INFECTION R KNEE

P> PLAN ABX

CLEAN AND DRESS

CX PENIND

THOAMS E BYRNE DM

SIGNED OFF ON 03/31/04 @ 13:30 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 56 LAB CLINIC 03/30/04 11:46 ALLENDALE COMP
(R) KNEE WOUND HAS SMALL AMOUNT YELLOW DRAINAGE PRESENT WHEN PRESSED UPON.
ODOR NOTED. AREA CLEANED THOROUGHLY AND DRAINAGE OBTAINED FOR CULTURE. PLAN
TO SEND TO KCI LAB 03/31/04. ANTIBIOTIC OINTMENT AND NEW DRESSING APPLIED.
K.R.FENNELL

SIGNED OFF ON 03/30/04 @ 11:52 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I
MIXED SKIN FLORA

LIGHT GROWTH

THOAMS E BYRNE DM

SIGNED OFF ON 04/12/04 @ 8:49 BY THOMAS E BYRNE, PHYSICIAN II

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- ** ENCOUNTER: 55 LAB CLINIC 03/29/04 15:33 ALLENDALE COMP
NEEDS CX OF LEG WOUND
THOAMS E BYRNE MD
SIGNED OFF ON 03/29/04 @ 15:33 BY THOMAS E BYRNE, PHYSICIAN II
K.R.FENNELL
SIGNED OFF ON 03/30/04 @ 11:46 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I
- ** ENCOUNTER: 54 SICK CALL 03/29/04 14:07 ALLENDALE COMP
S> INMATE C/O RIGHT LEG PAIN AND SWELLING TO KNEE. C/O DIFF WALKING UP STAIRS.
STATES DRAINING ALOT OF STUFF AND HURTING BAD.
O> TEMP=99.4 PULSE= 88 RESP=18 BP=140/ 76 WEIGHT=200
UNABLE TO WGT DUE TO PAIN STEPPING UP ON SCALES. OLD SURCIAL INCISION TO K
NEE AND OUTER ASPECT OF LOWER THIGH. SCAR TO OUTER ASPECT OF THIGH W/ PINHO
LE OPENING DRAINING MOD AMT OF YELLOW/ GRAY DRAINAGE. KNEE W/ 2+ EDEMA.
A> DEFER
P> LEAVE OPEN FOR MD.
SIGNED OFF ON 03/29/04 @ 14:13 BY DEBBIE GOODWIN, UNCLASSIFIED
SEEN IN SMU
SEROUS DRANAGE FORM SCAR (MVA 2002) R KNEE
KNEE DIFFUSLY SWOLLEN
PALN CX
TREAT
SPOKE WITH UNIT LT ABOUT MOVING TO DOWNSTAIRS ROOM
(HAS GROUND FLOOR RESTRICTION)
MOTRIN 600 MG AND SMZ STARTER PACK TODAY
THOAMS EBYRNE MD
SIGNED OFF ON 03/29/04 @ 15:35 BY THOMAS E BYRNE, PHYSICIAN II
SIGNED OFF ON 03/29/04 @ 15:36 BY THOMAS E BYRNE, PHYSICIAN II
SIGNED OFF ON 03/30/04 @ 8:00 BY MELVIN SCHROCK, REGISTERED NURSE I
- ** ENCOUNTER: 53 NARRATIVE 03/29/04 10:20 ALLENDALE COMP
LATE ENTRY FOR FLORENCE LPN CRT WAS DOWN
STATES SHE RECIEVED A PHONE CALL FROM FEMALE STATING TO BE I/M'S SISTER.
STATESTHAT HE IS NOT GETTING THE MEDICAL ATTENTION HE NEEDS. WAS TOLD HE
NEEDED TO SIGN UP FOR SICK CALL. IF FUTHER QUESTIONS CALL DERRICK OVER MEDI
CAL FEMALE STATES NAME CRYSTAL PORCHER
SIGNED OFF ON 03/29/04 @ 10:22 BY PAMELA C DERRICK, NURSE ADMINISTRATOR/MGR I
- ** ENCOUNTER: 52 DOCTOR'S CLINIC 02/12/04 13:59 ALLENDALE COMP
RELAYED REPORT THRU CO "LEG FINE"
THOAMS E BYRNE MD
SIGNED OFF ON 02/12/04 @ 14:00 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 51 DOCTOR'S CLINIC 02/12/04 13:53 ALLENDALE COMP
24 YO SMU INAMTE MAXOUT 2006
APPT IN SMU SCHEDULE BY ME TO RECHECK LEG
DIDN'T WANT TO COME OUT TO SEE ME
ASSUME LEG IS OK SINCE INAMTE DOES NTO WISH TO BE EXAMINED
THOAMS E BY4NE MD

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SIGNED OFF ON 02/12/04 @ 13:55 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 50 DOCTOR'S CLINIC 02/09/04 12:21 ALLENDALE COMP
NOTE IN SMU FOR CHARGE OF ASSAULTING ANOTHER INMATE WITH CANE
DOES NOT NEED CANE WHILE IN SMU
IF SECURITY DOES NOT FEEL CAN SHOULD BE ISSUED WHEN/IF RETURNED TO YARD
I HAVE NO OBJECTION
THOMAS E BYRNE MD
SIGNED OFF ON 02/09/04 @ 12:22 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 49 SICK CALL 02/05/04 14:21 ALLENDALE COMP
S> I NEED TO GET SOMETHING FOR THIS SORE ON MY KNEE. I HAVE THIS ROD IN MY LEG
FROM AN ACCIDENT AND THE LAST TIME IT WAS INFECTED.
O> TEMP=99.6 PULSE= 82 RESP=20 BP=130/ 80 WEIGHT=216
I/M HAS A RAISED AREA NOTED TO THE OUTER SIDE OF THE RIGHT KNEE. SOME DRAIN
GE NOTED THE AREA AT THIS TIME.
A> DEFER
P> I/M SEEN BY MD.
SIGNED OFF ON 02/05/04 @ 14:25 BY SYLVIA V RAWLS, LICENSED PRACTICAL NURSE
SIGNED OFF ON 02/06/04 @ 7:52 BY SYLVIA V RAWLS, LICENSED PRACTICAL NURSE
SEEN BY MD IN SMU
THOMAS E BYRNE MD
SIGNED OFF ON 02/06/04 @ 10:09 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 48 DOCTOR'S CLINIC 02/05/04 13:24 ALLENDALE COMP
SEE SICK CALL NOTE
SEEN IN SMU
SMZ/TMP 800/160MG
SIG: 1 TAB 2X/DAY X 8 DAYS
SIG:
START DATE: 02/05/04 TOTAL DAYS: 8
MD: BYRNE, THOMAS -
TRIPLE ANTIBIOTIC OINT
SIG: ZPPPLY YTO WOUND DAILY UNTIL HELED
SIG:
START DATE: 02/05/04 TOTAL DAYS: 14
MD: BYRNE, THOMAS -
SMZ STARTER PACK X 2
THOMAS E BYRNE MD
SIGNED OFF ON 02/05/04 @ 13:25 BY THOMAS E BYRNE, PHYSICIAN II
NOTED
SIGNED OFF ON 02/05/04 @ 16:22 BY SYLVIA V RAWLS, LICENSED PRACTICAL NURSE

** ENCOUNTER: 47 NARRATIVE 02/03/04 20:39 ALLENDALE COMP
I/M C/O TWO KNOTS ON THE BACK OF HIS HEAD AND PUS IS COMING OUT AND WANTED
TO COME TO MEDICAL FROM JASPER. WAS TOLD THAT HE NEEDED TO FILL OUT AN
SICK CALL REQUEST AND TOLD WOULD PASS HIS INFORMATION IN TO DR. BYRNES.
CINDY FLORENCE, LPN
SIGNED OFF ON 02/03/04 @ 20:41 BY CINDY FLORENCE, UNCLASSIFIED
SIGNED OFF ON 02/04/04 @ 8:58 BY MELVIN SCHROCK, REGISTERED NURSE I

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SEE NEXT NOTE

SEEN IN SMU TODAY

THOMAS EBYRN EMD

SIGNED OFF ON 02/05/04 @ 13:25 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 46 DOCTOR'S CLINIC 01/28/04 13:34 ALLENDALE COMP

S> 24 YO MAOXUT 2006

RODS IN R LEG WERE SWOLLEN NOW FINE

O> TEMP=098.6 PULSE= 62 RESP=20 BP=140/ 80 WEIGHT=224

OLD SCAR ON R LEG - ALL FINE

A> HARDWARE IN LEG- SWELLIGN RESOLVED

P> F/U PRN

THOMAS E BYRNE MD

SIGNED OFF ON 01/28/04 @ 13:35 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 45 SICK CALL 01/22/04 12:28 ALLENDALE COMP

S> I HAVE THESE ROD IN MY RIGHT LEG/KNEE. IT'S HAS BEEN RED AND SWOLLEN FOR TH
E PAST COUPLE OF DAY. RIGHT NOW IT'S REAL TENDER TO TOUCH. I THINK I NEED T
O SEE THE DOCTOR ABOUT THIS. THE RODS WERE PUT IN IN 2000

O> TEMP=098.6 PULSE= 76 RESP=20 BP=120/ 70 WEIGHT=257

I/M HAS ROD IN THE RIGHT KNEE DUE TO CAR ACCIDENT. SOME SWELLING AND REDNES
S NOTED AT THIS TIME. AREA TENDER TO TOUCH. NO DRAINAGE NOTED AT THIS TIME.

A> MUSCULOSKELETAL DISCOMFORT

P> 1. SEE S.O. #29.

2. ACETAMINOPHEN 325MG MG.TABLETS 2 PO QID X 3 DAYS OR IBRUPROFEN 400 MG.
2 PO TID X 3 DAYS.

3. IF PALPABLE MUSCLE SPASMS PRESENT, CHLORZOXAZONE 500 MG.TABLETS PO QID
X 3 DAYS.

4. FOR LOWER BACK DISCOMFORT, USE A ROLLED TOWEL UNDER LOW BACK X 5 DAYS.

5. WILLIAM FLEXION EXERCISE (SCDC FORM 24-146) FOR CHRONIC LOW BACK PAIN.

6. RESTRICT STRENUOUS ACTIVITIES OR REST THE INVOLVED AREA.

7. HEAT (BY SHOWER, MOIST COMPRESSES OR HOT WATER SOAKS) TO THE INVOLVED
AREA QID X 3 DAYS.

MORIN 400MG ISSUED AT THIS TIME. ADVISE THAT HE WOULD BE REFERED TO THE MD.

SIGNED OFF ON 01/22/04 @ 12:35 BY SYLVIA V RAWLS, LICENSED PRACTICAL NURSE
PLAN MD APPT NEXT SMU CLINCI.

THOAMS E BYRNE DM

SIGNED OFF ON 01/23/04 @ 11:48 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 44 MENTAL HEALTH CLINIC 01/20/04 10:10 ALLENDALE COMP
LATE ENTRY FOR 1/15/04:

D: "I AM DOING OK. THEY HAVE PLACED ME IN SD; THEREFORE, I WILL HAVE TO BE
OVER HERE AT LEAST 6 MONTHS BEFORE I WILL BE ELIGIBLE TO GET OFF OF LOCK
UP. THINGS ARE OK AND I AM GOING TO TRY AND STAY OUT OF TROUBLE."

A: 30 DAY SECURITY DETENTION EVAL.:

GAF-80:

I/M APPEARED TO BE ALERT AND ORIENTED X 3; MOOD APPEARED TO BE PLEASANT

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AND GOOD EYE CONTACT. I/M DENIED A/V HALLUCINATIONS AS WELL AS SUICIDE THOUGHTS. HE REPORTS HIS SLEEP AND APPETITE ARE OK. WE DISCUSS HIS CONCERNS AND COPING SKILLS HE CAN USE TO HELP HIM MANAGE HIS DAILY STRESSORS. OVERALL, INMATE APPEARS TO BE DOING OK.

P: NEXT PROJECTED 90 DAY SECURITY DETENTION EVAL. WILL BE IN 4/04.

MARY G. SIMPSON, HSC II

SIGNED OFF ON 01/20/04 @ 10:39 BY MARY G SIMPSON, HUMAN SERVICES COORD II

** ENCOUNTER: 43 NARRATIVE 12/11/03 7:36 ALLENDALE COMP
SECURITY WAS CALLED TO SEE IF I/M COULD NOT HAVE HIS SHOES ON. UNDER MEDICAL SINCE HE WERE BRACES ON HIS LEGS THAT HE WOULD NEED SHOES ON BUT IF NOT WERE BRACES DOES NOT NEED MEDICAL SHOES ON. MD CALLED AND STATED THAT I/M DOES NOT NEED SHOES IN LOCK-UP AT THIS TIME PER DR. BRYNES. JASPER WAS NOTIFIED OF THIS AND ASKED COULD HE WALK SHORT DISTANCES AT THIS TIME. WAS TOLD YES.
CINDY FLORENCE LPN
SIGNED OFF ON 12/11/03 @ 7:43 BY CINDY FLORENCE, UNCLASSIFIED
NOW IN SMU AFTER REPORTEDLY HITTING ANOTHER INMATE WITH HIS CANE
THE OTHER INMATE IS FINE, BUT WAS SENT TO THE LOCAL ER
THOAMS EBYRNE DM
SIGNED OFF ON 12/11/03 @ 13:23 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 42 SICK CALL 10/31/03 10:04 ALLENDALE COMP
S> I'M HAVING A LOT OF PAIN IN MY SECOND TOE ON MY RIGHT FOOT, IT'S HURTS AND I'S RUNNING UP MY FOOT. HOT SOAKS HELP SOME. I'VE BEEN TOLD I'VE GOT ARTHRITIS. I ALSO NEED THE DR TO ORDER ME ANOTHER MEDIPLAST FOR THIS CALUS ON THE BOTTOM OF MY LEFT FOOT. IF I CAN GET 2 SO I CAN GET IT GONE.
O> TEMP=098.0 PULSE= 60 RESP=18 BP=170/100 WEIGHT=237
A> DEFER
P> LEAVE OPEN FOR MD
SIGNED OFF ON 10/31/03 @ 10:18 BY DEBBIE GOODWIN, UNCLASSIFIED
PLAN MOTRIN AND MEDIPLAST
THOAMS ENBYRNE MD
SIGNED OFF ON 10/31/03 @ 11:23 BY THOMAS E BYRNE, PHYSICIAN II
NOTED
SIGNED OFF ON 10/31/03 @ 11:27 BY SYLVIA V RAWLS, LICENSED PRACTICAL NURSE

** ENCOUNTER: 41 NARRATIVE 07/30/03 11:15 ALLENDALE COMP
OFC CALLED I/M STATED HE HAD A COLD WANTED TO BE SENT UP AS EMERGENCY
TOLD TO SIGN UP FOR SICK CALL IN AM A COLD IS NOT A EMERGENCY
SIGNED OFF ON 07/30/03 @ 11:16 BY PAMELA C DERRICK, REGISTERED NURSE II

** ENCOUNTER: 40 SICK CALL 07/10/03 9:33 ALLENDALE COMP
S> I NEED MY ROTAR CUFF SEEN ABOUT I THINK I HAVE A INFECTION IN MY R LER
O> TEMP=097.8 PULSE= 62 RESP=20 BP=130/ 80 WEIGHT=240
HAS SCAR ON R LEG HAS HAD SURGERY NO INFECTION NOTED
C/O DISCOMFORT OF L SHOULDER
A> MUSCULOSKELETAL DISCOMFORT
P> 1. SEE S.O. #29.
2. ACETAMINOPHEN 325MG MG.TABLETS 2 PO QID X 3 DAYS OR IBUPROFEN 400 MG.

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2. PO TID X 3 DAYS.
3. IF PALPABLE MUSCLE SPASMS PRESENT, CHLORZOXAZONE 500 MG. TABLETS PO QID X 3 DAYS.
4. FOR LOWER BACK DISCOMFORT, USE A ROLLED TOWEL UNDER LOW BACK X 5 DAYS.
5. WILLIAM FLEXION EXERCISE (SCDC FORM 24-146) FOR CHRONIC LOW BACK PAIN.
6. RESTRICT STRENUOUS ACTIVITIES OR REST THE INVOLVED AREA.
7. HEAT (BY SHOWER, MOIST COMPRESSES OR HOT WATER SOAKS) TO THE INVOLVED AREA QID X 3 DAYS.
-
-
-

PLEASE ISSUE STARTER PACK OF MOTRIN 400

SIGNED OFF ON 07/10/03 @ 9:36 BY PAMELA C DERRICK, REGISTERED NURSE II

SIGNED OFF ON 07/10/03 @ 21:41 BY PAMELA C DERRICK, REGISTERED NURSE II

- ** ENCOUNTER: 39 NARRATIVE 07/08/03 9:39 ALLENDALE COMP
NO SHOW FOR SICK CALL. DGOODWIN LPN
SIGNED OFF ON 07/08/03 @ 9:40 BY DEBBIE GOODWIN, UNCLASSIFIED
- ** ENCOUNTER: 38 NARRATIVE 07/01/03 9:57 ALLENDALE COMP
I/M SIGNED UP FOR SICK CALL BUT LEFT AFTER VITALS SIGNS WERE OBTAINED BY ME
DICAL ASSISTANT AND PRIOR TO BEING SEEN BY NURSE. THARVEYRN.
SIGNED OFF ON 07/01/03 @ 9:58 BY TRACY HARVEY, UNCLASSIFIED
- ** ENCOUNTER: 37 FOLLOW-UP DENTAL 06/09/03 7:01 ALLENDALE COMP
SEEN 6-6-03, EXAM. REFER TO HARD COPY.
SIGNED OFF ON 06/09/03 @ 7:02 BY CARLA R THOMAS-DAVIS, MEDICAL ASSISTANT TEC
- ** ENCOUNTER: 36 DOCTOR'S CLINIC 04/11/03 8:31 ALLENDALE COMP
SEE LAST NOTE CLARIFICATION- HAS CANE NOT BRACES
LEG LENGHT DESCREPENY
ADDED TO REPLY: I HAVE NO OBJECTION TO SHOES FROM HOME, BUT IS IT UP TO
SCDC SECURITY POLICY, NOT MEDICAL
THOMAS E BYRNE MD
SIGNED OFF ON 04/11/03 @ 8:33 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 35 DOCTOR'S CLINIC 04/11/03 8:29 ALLENDALE COMP
RTSM WANTS SHOES SENT IN FORM HOME
RPLY: THE WARDEN GENERALLY DOES NTO ALLOW SHOES FORM HOME, I SUGGEST WRITI
NG TO HIM AND TELLING HIM YOU WEAR BRACES AND WANT SHOES FORM HOME
THOMAS E BYRNE MD
SIGNED OFF ON 04/11/03 @ 8:30 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 34 NARRATIVE 04/04/03 11:36 ALLENDALE COMP
NO SHOW TO SICK CALL. J. SINGLETON, LPN.
SIGNED OFF ON 04/04/03 @ 11:36 BY JUNE SINGLETON, UNCLASSIFIED
THOMAS E BYRNE MD
SIGNED OFF ON 04/04/03 @ 14:09 BY THOMAS E BYRNE, PHYSICIAN II
- ** ENCOUNTER: 33 DENTAL CLINIC 03/24/03 14:53 ALLENDALE COMP

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AMAL. #4. REFER TO HARD COPY.

SIGNED OFF ON 03/24/03 @ 14:53 BY CARLA R THOMAS-DAVIS, MEDICAL ASSISTANT TEC

** ENCOUNTER: 32 DOCTOR'S CLINIC 03/11/03 10:40 ALLENDALE COMP
S> I/M C/O CALLOUS ON FOOT. ALSO IN FOR RE-CHECK OF BLOOD PRESSURE.
O> TEMP=098.7 PULSE= 72 RESP=18 BP=130/088 WEIGHT=240
SIGNED OFF ON 03/11/03 @ 10:47 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I
23 YO CALLOUS L FOOT
HAS GOOD CONDITION SHOES NOW AND CANE
COMPLAINS OF PAIN
PLAN MEDIPLAST ORDERED
SEE OLD NOTES RE SHOES- APPRENTLY OBTAINED NEW SHOES AT SOME POINT
MOTRIN 400 MG STARTER OACK
THOAMS E BYRNE MD
SIGNED OFF ON 03/11/03 @ 11:19 BY THOMAS E BYRNE, PHYSICIAN II
ISSUED
SIGNED OFF ON 03/11/03 @ 11:21 BY SYLVIA V RAWLS, LICENSED PRACTICAL NURSE

** ENCOUNTER: 31 NARRATIVE 03/04/03 11:00 ALLENDALE COMP
OPENED IN ERROE
SIGNED OFF ON 03/14/03 @ 16:13 BY PAMELA C DERRICK, REGISTERED NURSE II

** ENCOUNTER: 30 SICK CALL 03/04/03 10:28 ALLENDALE COMP
S> I'VE GOT A SORE ON MY FOOT.
O> TEMP=097.9 PULSE= 64 RESP=18 BP=144/100 WEIGHT=238
LARGE CALUS TO LEFT FOOT,
A> DEFERED
P> REFER TO MD. DEBBIE GOODWIN LPN
SIGNED OFF ON 03/04/03 @ 10:31 BY DEBBIE GOODWIN, UNCLASSIFIED
PLAN SCHEDULE APPT
THOAMS E BYRNE MD
SIGNED OFF ON 03/04/03 @ 10:34 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 29 INSIDE APPOINTMENT 02/12/03 14:11 ALLENDALE COMP
S> RECIEVED RX READERS +1.00
O> TEMP=000.0 PULSE= 0 RESP= 0 BP= 0/ 0 WEIGHT= 0
SIGNED OFF ON 02/12/03 @ 14:12 BY MYRA MANUEL, MEDICAL ASSISTANT TECH I
THOMAS E BYRNBE MD
SIGNED OFF ON 02/12/03 @ 20:50 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 28 DENTAL CLINIC 02/07/03 11:46 ALLENDALE COMP
SCALING---FOUR QUADS.
SIGNED OFF ON 02/07/03 @ 11:47 BY JOSEPH C UBAH, DENTIST

** ENCOUNTER: 27 TELEPHONE ENCOUNTER 02/04/03 10:31 ALLENDALE COMP
DISCUSSION WITH DORM LT RE CANE
DORM LT ASKED IF WE ISSUED CANE
REPLY YES PER DISCUSSION WITH CAPT PATE
NOTE-; PER ASSOCAITE WARDEN PATE ; I WARN YOU ANMOTHER INCIDENT WILL
CAUSE YOU TO LOSE YOUR CANE INDEFINETLY"

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TAKEN AWAY AFTER STRIKING ANOTHER INMATE

THOMAS E BYRNE MD

SIGNED OFF ON 02/04/03 @ 10:33 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 26 NARRATIVE 01/31/03 14:32 ALLENDALE COMP
RESCHEDULED APPT. YARD WAS CLOSED.
SIGNED OFF ON 01/31/03 @ 14:33 BY JOSEPH C UBAH, DENTIST

** ENCOUNTER: 25 DOCTOR'S CLINIC 01/29/03 15:28 ALLENDALE COMP
D/W ASS WARDEN PATE TODAY RE CANE
HE IS LEANING TOWARD ISSUING CANE (SAW INAMTE ON YARD WITH LIMP)
CANE TAKEN AFTER STRUCK ANOTHER INAMTE
MR PORCHER WOULD BENIFIT FORM CANE, MAY HAVE ISF SECURITY AGREEES
DO NOT FEEL MEDICALLY NECESSARY BUT BENIFICIAL
THOMAS EBYRNE MD
SIGNED OFF ON 01/29/03 @ 15:30 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 24 DNA TEST 01/16/03 12:09 ALLENDALE COMP
BLOOD DRAWN AND FINGERPRINTS OBTAINED FOR DNA. PLAN TO SEND TO KCI LAB
01/31/03. K.R.FENNELL
SIGNED OFF ON 01/30/03 @ 12:10 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I

** ENCOUNTER: 23 DOCTOR'S CLINIC 01/06/03 11:51 ALLENDALE COMP
AS INAMTE LEFT STATES WILL CONTACT LAWYER
INAMTE WALKED OUT OF OFFICE AND RETURNED TO DORM
I MADE MY DECISION BASED ON THE REQUEST FROM INAMTE FOR CANE VS THE
SECURITY RISK OF MR PORCHER HAVING A CANE- WITH HX OF ASSAULTING ANOTHER
INMATE WITH THE CANE I FEEL THE BEST DECISION IS TO NOT ISSUE A CANE

"MEDICAL NEED" IS SUBJECTIVE- OBVIOUSLY MR PORCHER IS ABLE TO FUNCTION
WITHOIUT HIS CANE- HE WALKED TO AND FORM MEDICAL TODAY
THOMAS E BYRNE MD
SIGNED OFF ON 01/06/03 @ 11:53 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 22 SICK CALL 01/06/03 10:05 ALLENDALE COMP
S> CONFERENCE WITH MD CONCERNING WALKING CANE.
O> TEMP=99.7 PULSE= 68 RESP=20 BP=120/ 80 WEIGHT=242
SIGNED OFF ON 01/06/03 @ 10:07 BY MYRA MANUEL, MEDICAL ASSISTANT TECH I
23 YO WANTS CANE
HAS LEG LEGTH DISCREPENCY FORM MVA 98/99/02
CANE TAKEN BY SECURITY 3 MONTHS AGO AFTER FIGHT
HASNT HAD CANE X 3 MONTHS
WROTE TO WARDEN AND MAY HAVE CANE IF MEDICALLY NECESSARY
INMATE AMULATORY - SEEMS TO BE DOING FINE WITHOUT CANE X 3 MONTHS
D/W SECURITY (FOR OBVIOUS REASONS SECURITY PREFERS THAT MEDICAL NOT ISSUE
CANES IF NOT NECESSARY AS THEY CAN BE USED AS WEAPONS)
WITH MR PORCHERS MAXOUT 3/19/03 (LESS THAN 3 MONTHS)
D/W WARDENS ALSO
TOUGH DECISION BUT SINCE HAS GONE WITHOUT CANE FOR 3 MOMHTS AND IMPENDING M
MAXOUT WILL NOT ISSUE CANE AT THIS TIME- TOUGH TO DEFINE "NEED" FOR CANE

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THOMAS E BYRNE MD

SIGNED OFF ON 01/06/03 @ 11:49 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 21 DOCTOR'S CLINIC 12/03/02 9:45 ALLENDALE COMP
23 YO CALLEDUP RE SHOE ISSUE

PER NEW WARDEN NO LONGR CAN ORTHOPAEDIC SHOES CAN BE SENT IN SO I CALLED
MR PORCHER UP TO EXPLAIN THAT SHOULD NOT HAVE SHOES SENT IN
HX MVA 2995 BOTH ANKLES FX WEARS SHOES WITH EXTENSIVE SOLES
R SHOE FINE BUT L SHOE WEARING ON 1 SIDE
MAY NEED RESOLING

PLAN CONSIDER RESOLING- WILL D.W WARDEN ABOUT POILCY AND HE MAY BE ALLOWED
TO HAVE SHOES SENT IN

NOTE INAME ASKED TO LEAVE OFFICE THREE TIMES BUT STAYED IN OFFICE FINALLY
WAITED IN DOORWAYASKED TO LEAVE AGAIN INAMTE STATES WANTED ME TO OPEN OUTSI
DE DOOR- (NO SECURITY HERE IN MEDICAL) - AROSE AND AGAIN ASKED INAMTE TO LEA
VE- WHEN LEFT CLOSED DOOR (DID NTO SLAM DOOR) INAMTE OPENED UP MY DOOR AS
GOING TO WAITNG ROOM- I AROSE AND ESCORTED INATME OUT OF MEDCIAL
VERY INAPPRRIATE BEHAVIOR- EXPLAINED TO IANMTE THAT WAS INAPPROPRIATE AND
WOULD CHARGE NEXT ACT OF DISRESPECT

THOMAS E BYRNE MD

SIGNED OFF ON 12/03/02 @ 9:49 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 20 DOCTOR'S CLINIC 12/02/02 14:00 ALLENDALE COMP
REPLY FORM WARDEN

SHOES ARE NOT ALLOWED TO BE SENT IN
WILL CALL UP INAMTE TOMORROW TO ELL
THOMAS E BYRNE MD

SIGNED OFF ON 12/02/02 @ 14:01 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 19 NARRATIVE 12/02/02 9:56 ALLENDALE COMP

NEED TO TALK TO THE DOCTOR CONCERNING MY SHOES AND CANE

SIGNED OFF ON 12/02/02 @ 9:58 BY MYRA MANUEL, MEDICAL ASSISTANT TECH I
32 YO SHOE ISSUE

SHOE ISSUE

HAS SHOES WITH LIFTS - WORN
WANTS NEW SHOES SENT IN FORM HOME
OK BY MEDICAL

EMAILED MS SANDERS IN WARDENS OFFICE
ALSON CANE TQKEN AWAY AFTER STRIKING ANOTHER INAMTE
PLAN IF TAKEN AWAY BY SECURITY WILL NOT REISSUE AT THIS POINT
CAN WALK WITHOUT CANE ALBEIT SLOWLY

THOMAS E BYRNE MD

SIGNED OFF ON 12/02/02 @ 10:33 BY THOMAS E BYRNE, PHYSICIAN II
EMAILED BACK FOR WARDENS OFFICE

IS NOT ALLOWED TO SEND IN SHOES

THOMAS E BYRNE MD

SIGNED OFF ON 12/02/02 @ 14:01 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 18 SICK CALL 11/19/02 9:46 ALLENDALE COMP

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S> I NEED TO HAVE MY EYES CHECKED HAD SURGERY ON EYES IN MARCH.
GIVEN EYE EXAM

O> TEMP=097.4 PULSE= 76 RESP=22 BP= 0/ 0 WEIGHT=245
SIGNED OFF ON 11/19/02 @ 9:50 BY MYRA MANUEL, MEDICAL ASSISTANT TECH I
FAR

3 CUBES (B) 20/18 (R) 20/22 (L) 20/40
NEAR

3 CUBES (B) 20/30 (R) 20/18 (L) 20/25
SIGNED OFF ON 11/19/02 @ 10:31 BY MYRA MANUEL, MEDICAL ASSISTANT TECH I
23 YO TRAUMA 3/02 QND SURGEY
NEVER GOT GALLSES RX ON STRREET
PLAN SIGN FOR RECIRDS MIUSC
TO SEE OD WHEN ABLE
WENT OVER XRAY RESLTS
THOMAS E BYRNE MD
SIGNED OFF ON 11/19/02 @ 13:43 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 17 DOCTOR'S CLINIC 11/18/02 12:35 ALLENDALE COMP
RTSM WANTS GALLSSES SENT IN FORM HOME
REPLY: MEDICAL HAS NO OBJECTIONS, IT IS A SECURITY DECISION
I SUGGEST WRITING TO MS SANDERS IN THE WARDENS OFFICE FOR PERMISSION
THOMAS E BYRNE MD
SIGNED OFF ON 11/18/02 @ 12:38 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 16 NARRATIVE 11/15/02 11:01 ALLENDALE COMP
NAME ON AM SICK CALL LSIT
HOWEVER DID NOT COME TO MEDICAL
THOMAS E BYRNE MD
SIGNED OFF ON 11/15/02 @ 11:01 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 15 LAB CLINIC 11/07/02 8:30 ALLENDALE COMP
BLOOD DRAWN FOR ESR AND CBC AND SENT TO KCI LAB THIS AM. K.R.FENNELL
SIGNED OFF ON 11/07/02 @ 8:31 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I
SED RATE 8
CBC WBC 7.96 HBG 13.6 HCT 43.9
OK
THOMAS E BYRNE MD
SIGNED OFF ON 11/08/02 @ 16:01 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 14 NARRATIVE 10/30/02 14:05 ALLENDALE COMP
MD APPT TODAY SMU
REFUSED TO COME OUT OF CELL TO SEE MD
THOMAS E BYRNE MD
SIGNED OFF ON 10/30/02 @ 14:05 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 13 SICK CALL 10/25/02 17:23 ALLENDALE COMP
S> I NEED TO SEE THE DOCTOR ABOUT THIS DRY SKIN ON MY FORHEAD.
O> TEMP=098.6 PULSE= 80 RESP=20 BP=140/ 80 WEIGHT=241
SOME FLAKES NOTED TO THE FOREHEAD AT THIS TIME. NO OPEN AREA'S NOTED AT THI
S TIME.

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A> DEFER

P> REFER TO MD.

SIGNED OFF ON 10/25/02 @ 17:24 BY SYLVIA V RAWLS, LICENSED PRACTICAL NURSE
SIGNED OFF ON 10/26/02 @ 15:55 BY PAMELA C DERRICK, REGISTERED NURSE II

** ENCOUNTER: 12 DOCTOR'S CLINIC 10/25/02 13:18 ALLENDALE COMP
RECIEVED RECORDS MUSC 2002
INJURY AND APPARENTLY DID WELL
LAST NOTE 6.5.02 WBAT
THOMAS E BYRNE MD
SIGNED OFF ON 10/25/02 @ 13:18 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 11 DOCTOR'S CLINIC 10/23/02 15:53 ALLENDALE COMP
SEE RECENT DISIPLINARY
INAMTE LEG PROBLEMS CAME TO ACI WITH CANE
CURRENTLY IN SMU AFTER CHARGED WITH STRIKING ANOTHER INMATE WITH HIS CANE
PLAN CONSIDER CONFISCATING CANE, ESPICILALY AT IF SECURITY REQUESTS
THOMAS E BYRNE MD
SIGNED OFF ON 10/23/02 @ 15:55 BY MELVIN SCHROCK, REGISTERED NURSE I

** ENCOUNTER: 10 INSIDE APPOINTMENT 10/17/02 18:02 ALLENDALE COMP
ALSO XRAY R KNWW FENUR AND HIP
NO NEW FXS
RHOMAS E BYRNE MD
SIGNED OFF ON 10/17/02 @ 18:03 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 9 LAB CLINIC 10/17/02 8:32 ALLENDALE COMP
LATE ENTRY FOR 10/16/02: I/M NO SHOW FOR LAB THIS AM. K.R.FENNELL
SIGNED OFF ON 10/17/02 @ 8:33 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I
THOMAS E BYRNE DM
SIGNED OFF ON 10/17/02 @ 17:46 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 8 LAB CLINIC 10/15/02 11:16 ALLENDALE COMP
SCHEDULED FOR BLOODWORK ON 10/16/02. K.R.FENNELL
SIGNED OFF ON 10/15/02 @ 11:17 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I

** ENCOUNTER: 7 NARRATIVE 10/10/02 12:53 ALLENDALE COMP
NO SHOW DENTAL EXAM.
SIGNED OFF ON 10/10/02 @ 12:53 BY CARLA R THOMAS-DAVIS, MEDICAL ASSISTANT TEC

** ENCOUNTER: 6 DOCTOR'S CLINIC 10/07/02 10:04 ALLENDALE COMP
23 YO SEEN BY ME TODAY
F/U LEG
NO CHANGE
OLD INJURY
HAS XRAY SCHEDULED THIS WEEK
THOMAS E BYRNE MD
SIGNED OFF ON 10/07/02 @ 10:05 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 5 INSIDE APPOINTMENT 10/03/02 11:23 ALLENDALE COMP

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I/M SCHEDULED FOR RADIOLOGY AT KIRKLAND ON 10/09/02 IN THE AM.

TRANSPORTATION NOTIFIED.

SIGNED OFF ON 10/03/02 @ 11:25 BY LINDA F RAHN, RECORDS ANALYST I

R LE INTERAL FIXATION SCREWS OLD HEALED DISTA METAPHYSIS FX L TIBIA AND L F
IBULA

NO ACUTE FX

R ANKLE

SEVER DIGEERATIVE CHANGES INVOLVING THR TALOCALCANEAL AND TALO NAVICULAR JO
ITN SPACES

NO ACUTE FX

THOMAS E BYRNE MD

SIGNED OFF ON 10/17/02 @ 18:02 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 4 LAB CLINIC 10/03/02 10:37 ALLENDALE COMP
NEEDS CBC/ SED RATE
THOMAS E BYRNE MD
SIGNED OFF ON 10/03/02 @ 10:37 BY THOMAS E BYRNE, PHYSICIAN II
SCHEDULED FOR 10/09/02. K.R.FENNELL
SIGNED OFF ON 10/04/02 @ 13:38 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I

** ENCOUNTER: 3 FOLLOW-UP SICK CALL 10/03/02 10:21 ALLENDALE COMP
S> SEE LAST ENTRY
O> TEMP=99.8 PULSE= 62 RESP=22 BP=142/100 WEIGHT=240
SIGNED OFF ON 10/03/02 @ 10:24 BY MYRA MANUEL, MEDICAL ASSISTANT TECH I
23 YO R LEG FX
1008 FX R ANKLE 1/2002 MVA FX TIBI AND FEMUR- HAS HARDWARE
WORRIED ABOUT INFECTION- HAS PAOIN WANTS XRAYS
HAS CANE AND LEG LENGTH DISCREA<PENCY (R<L) HAS LIFT R SHOE
PLAN XRAY TIBIA/ FIB AND FEMUR
LSB ORDERED
THOMAS E BYRNE MD
SIGNED OFF ON 10/03/02 @ 10:39 BY THOMAS E BYRNE, PHYSICIAN II
ALSO SIGNED FOR RECORDS FORM ORTH DR MERRILL IN CHARLESTON
XRAY TO BE SCHEDULED BY MED RECORDS
THOMAS E BYRNE MD
SIGNED OFF ON 10/03/02 @ 10:49 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 2 NARRATIVE 10/01/02 14:41 ALLENDALE COMP
I/M NEW ARRIVAL FROM KIRKLAND R&E. PRESENTLY TAKING PERCOGESIC 2 TABS. Q
4 TO 6 HOURS DAILY DUE TO HAVING (R) FOOT / ANKLE FRACTURE. USES CANE FOR
ASSISTANCE IN WALKING. ALSO WEARS SPECIAL SHOES. HAD SURGERY IN 01/02.
REFERRED TO MD. OTR GIVEN FOR THURS. 10/03/02 @ 1000AM
K.R.FENNELL
SIGNED OFF ON 10/01/02 @ 14:49 BY KEZIA R FENNELL, MEDICAL ASSISTANT TECH I
THOMAS E BYRNE MD
SIGNED OFF ON 10/01/02 @ 15:20 BY THOMAS E BYRNE, PHYSICIAN II

** ENCOUNTER: 1 PHYSICAL EXAM 09/13/02 10:05 KIRKLAND COMP
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POB: CHARLESTON, SC UNITED STATES DOB: 04/20/79

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AGE: 23 RACE: BLACK SEX: M MARITAL STATUS: S
COMMITTING COUNTY: ORANGEBURG MAXOUT: 02/06/09 DORM: 0000
SS#: 247-47-7576

IN EMERGENCY NOTIFY: ROBERT PORCHER
RELATIONSHIP: FATHER
ADDRESS: [REDACTED]
WANDO, SC 29492 BERKELEY
[REDACTED]

FAMILY PHYSICIAN: DENIES

FAMILY HISTORY OF THE FOLLOWING ALIMENTS:-----

CANCER
HYPERTENSION

PATIENT ALLERGY HISTORY:-----

NKDA ADDED ON 09/13/02
NKDA ADDED ON 10/10/07
NKA ADDED ON 11/24/08

PATIENT MEDICAL HISTORY:-----

CHILDHOOD DISEASES:.....
CHICKENPOX

SURGERY:.....
BOTH EYES PLATE IN RT CHEEK SEVERAL SURGERIES ON RT ANKLE RT LEG
LEFT FOOT CRANIAL IN JAN DUE TO MVA

FRACTURES:.....
RT LEG RT FOOT RT ANKLE RT CHEEK

GUNSHOT WOUNDS:.....
DENIES

STAB WOUNDS:.....
DENIES

PATIENT HAS A HISTORY OF:-----

ALCOHOL
BLOOD TRANSFUSION
STREET DRUGS
SMOKER
STD

CURR MED/DENTAL/MENTAL HX:-----

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RT LEG

CURRENT MEDICATIONS:-----
PAIN PILL

GENERAL APPEARANCE:-----
EVIDENCE OF TRAUMA

BEHAVIOR:-----
ALERT-PERS/PLACE/TIME
COOPERATIVE

COMMENTS:-----
STS THAT HE WAS TAKING PINK PAIN PILL AT COUNTY. STS THAT RT LEG/ANKLE IS
HURTING CONSTANTLY. STS THAT HE HAS NOT HAD ANY PAIN MED IN ABOUT 2 DAYS

VITALS:-----
HEIGHT: 6 FT 2 IN WEIGHT: 212 TEMP: 098.3 PULSE: 88
BP: 130/ 88 RESP: 20
VISION SCREEN WITHOUT GLASSES: R:20/ 13 L:20/200
WITH GLASSES: R:20/ 0 L:20/ 0

VACCINES:-----
PPD GIVEN
VACCINE INFO GIVEN

SIGNED OFF ON 09/13/02 AT 10:15 BY KATHY K MCMAHAN, LICENSED PRACTICAL NURSE

PHYSICAL ABNORMALITIES:-----
ORTHOPEDIC

CURRENT MEDICAL CONDITIONS:-----
ORTHOPEDIC PROBLEMS

PHYSICANS COMMENTS:-----
ORTHOPEDIC
R LEG SHORTER THAN L DUE TO FX. USES CANE AND WEARS SPECIAL SHOES

PHYSICANS ORDERS:-----
PERCOGESIC TAB 2
SIGNED OFF ON 09/16/02 AT 13:37 BY EILEEN DELANY, NURSE PRACTITIONER III

NURSES RESPONSE:-----
ORDER NOTED. OTR TO DORM FOR IM TO PICK UP MEDICATION.
SIGNED OFF ON 09/16/02 AT 13:47 BY MARY K MOSLET, REGISTERED NURSE I

***** END OF SICK CALL NOTES *****

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
Health Services

MEDICAL INFORMATION FOR RELEASED INMATES

Inmate Name: POPEY, Roger SCDC #
Date of Birth: Social Security #:
Date of Release: 02/02/09 Institution Released From: MacDougal

Last TST (PPD): Date: 11-24-08 Result: 0 M M
If positive, follow-up done: Date/Result of Chest X-ray:
Dates of Therapy:
Last Pap smear: Date: Result:
Follow-up done (if applicable):

This patient has been treated for the following problems:
Chronic problems - TX with Naproxen

This patient has been given the following medications and/or supplies:
None

HIV INFORMATION: Last HIV date: 11-25-08 Result: Negative
If positive, follow-up done (May attach copy of summary of CD₄ & Viral Loads):
Date/Result latest CD₄: Date/Result latest Viral Load:
History of Antiretroviral Therapy:

Comments:

Other pertinent, recent labwork with dates (attach copies, if needed):

This patient (needs referral) (has been referred) for:
Mental Health follow-up Alcohol & Drug follow-up Other
Comments:

Release of Information:
I consent to this form being sent to the HIV Consortium, ADAP Pharmacy, the following community physician,
 US Immigration and Naturalization Services (INS), County Health Department, and/or other.
Address:

Signature: Date:

Inmate's responsibility to obtain medical follow-up from the physician or clinic of his/her choice if necessary. His physician or clinic may obtain further health information by sending a signed release of information to:
Health Information Resources
SCDC Central Office Agency
4542 Broad River Road
Columbia, SC 29210

Patient's anticipated address upon release:

Phone: County:

SOL CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION MEDICAL & PROFESSIONAL HEALTH SERVICES
MEDICAL CLEARANCE FOR TRANSFER

DATE 01/17/09 TRANSFERRING INSTITUTION MacDougall

HEALTH SUMMARY REVIEWED ☒ YES ☐ NO HEALTH SUMMARY UPDATED ☐ YES ☐ NO ☐ N/A

If transfer is inappropriate, Institutional Operations notified ☐ YES

☐ No Explain _____

MEDICATION AND CORRESPONDING MEDICATION ADMINISTRATION RECORD SENT ☒ YES ☐ NO ☐ N/A

PENDING APPOINTMENTS: 0

NUMBER OF CONSULTS SENT: 0

COMMENTS: _____

Signature/Title CHAMBERS - RN

DATE _____ RECEIVING INSTITUTION _____

ACTIVE PROBLEMS _____ CURRENT MEDICATIONS _____

PRESCRIBED DIET _____ MEDICAL SUPPLIES/PROSTHETICS _____

PENDING APPOINTMENTS: _____

DATE OF LAST TB SCREENING _____ FOLLOW-UP NEEDED ☐ YES ☐ NO

DATE OF LAST RPR _____ FOLLOW-UP NEEDED ☐ YES ☐ NO

LIST CHRONIC CARE CLINIC REFERRALS _____

COMMENTS: _____

Signature/Title _____

SCDC# _____ INMATE NAME _____

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION C. MEDICAL & PROFESSIONAL HEALTH SERVICES
MEDICAL CLEARANCE FOR TRANSFER

DATE 1-7-09 TRANSFERRING INSTITUTION KRFE

HEALTH SUMMARY REVIEWED ☐ YES ☐ NO HEALTH SUMMARY UPDATED ☒ YES ☐ NO ☐ N/A

If transfer is inappropriate, Institutional Operations notified ☐ YES

☐ No Explain _____

MEDICATION AND CORRESPONDING MEDICATION ADMINISTRATION RECORD SENT ☒ YES ☐ NO ☐ N/A

PENDING APPOINTMENTS: 0

NUMBER OF CONSULTS SENT: 0

COMMENTS: mayor 375

Signature/Title _____

DATE 1/7/09 RECEIVING INSTITUTION MACDUGA Cr

ACTIVE PROBLEMS NO CURRENT MEDICATIONS NO Unproven

PRESCRIBED DIET Reg MEDICAL SUPPLIES/PROSTHETICS Head Shoe Insat

PENDING APPOINTMENTS: 0

DATE OF LAST TB SCREENING 11/24/08 FOLLOW-UP NEEDED ☐ YES ☒ NO

DATE OF LAST RPR 11/25/08 FOLLOW-UP NEEDED ☐ YES ☒ NO

LIST CHRONIC CARE CLINIC REFERRALS CCC

COMMENTS: _____

Signature/Title _____

SCDC# [REDACTED] INMATE NAME Porcher, Regina

Problem List:

Date of Birth:

US:

Tuberculin Skin Test

Immunizations

Allergies: *NKA*

Reactions

SCDC #:

INMATE'S NAME:

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SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
Division of Health Services

HEALTH SUMMARY FOR CLASSIFICATION/ASSIGNMENT

Inmate Name: _____ SCDC# _____

Institution: _____ Date: _____

MEDICAL CLASS (CHECK ONE)

- ☒ I. No medical problem; no work restrictions
☐ II. Medical problem(s); no work restrictions
☐ III. Medical problem(s) with work restrictions
☐ IV. Severe medical problem(s) with stringent work restrictions

MENTAL HEALTH (CHECK ONE)

- ☒ NMH No Mental Health Treatment
☐ MI - 1 Inpatient Mental Health
☐ MI - 2 Major Mental Illness (area mental health)
☐ MI - 3 Outpatient Mental Health (area and outpatient sites)
☐ OD Other Diagnosis
☐ MR Mental Retarded
☐ SA Substance Abuse Treatment

RESTRICTION TIME FRAME (CHECK ONE)

- ☐ A. No Restrictions
☐ B. 14 Days
☐ C. 30 Days
☐ D. 60 Days
☐ E. 90 Days
☒ F. Permanent

I. INSTITUTIONAL ASSIGNMENT (CHECK ONE)

- ☐ A. No Restriction
☐ B. Chronic Infirmary Care
☐ C. Inpatient Psychiatric Care
☐ D. BRCI/WOCI Therapeutic Community
☐ E. Dialysis Accessible
☐ F. Intermediate Care Services
☐ G. Habilitation Unit
☐ H. Handicap Unit
☐ I. Area Mental Health Center
☐ J. 24 Hour Nursing Coverage
☒ K. Daily Nursing Coverage
☐ L. Outpatient Mental Health

II. CELL ASSIGNMENT (CHECK ONE)

- ☒ A. No Restriction
☐ B. Ground Floor Only
☐ C. Bottom Bunk Only
☐ D. Ground Floor & Bottom Bunk

SCDC# [REDACTED] NAME: Poncher, Reginald

SCDC M-123 (Rev. Dec., 2007)

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☒ A. No Medical Restrictions
- ☒ B. Sedentary Work Only
- ☐ C. Four Hour Work Restrictions
- ☐ D. Four Hour Limited Work Restrictions
- ☐ E. Excuse From School
- ☒ F. Limited Standing
- ☐ G. No Walking > ____ Yards
- ☐ H. No Lifting > ____ Pounds
- ☐ I. No Bending At Waist
- ☐ J. No Squatting
- ☐ K. No Climbing
- ☐ L. Limited Sitting
- ☐ M. No Reaching Over Shoulders
- ☐ N. No Road Service Work
- ☐ O. No Repetitive Use Of Hands
- ☐ P. No Walking On Wet/Uneven Surfaces
- ☐ Q. No Repetitive Use of Feet/Food Controls
- ☐ R. No Working In Direct Sunlight
- ☐ S. No Temperature Extremes
- ☐ T. No Humidity Extremes
- ☐ U. No Exposure To Environmental Pollutants Or Allergens
- ☐ V. No Working With Chemicals Or Irritants
- ☐ W. No Work Requiring Safety Boots
- ☐ X. No Working Around Machines With Moving Parts
- ☐ Y. No Work Exposure To Loud Noises
- ☐ Z. No Work Requiring Complex Instructions
- ☐ AA. No Working At Extreme Heights
- ☐ BB. No Working On First Shift
- ☐ CC. No Working On Second Shift
- ☐ DD. No Working On Third Shift

IV. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☐ A. No Restrictions.
- ☐ B. Ambulance
- ☐ C. Wheelchair Van

General Remarks: _____

Confidential Remarks: _____

Print Name And Title Of Reviewer

Signature Of Reviewer

MACDOUGALL CORRECTIONAL INSTITUTION/COAST RE-RELEASE CENTER
 REVIEW OF STANDING ORDERS ~~2009~~ 2009

NAME, TITLE	SIGNATURE	INITIALS	DATE
Lola Beauchemin, LPN	<i>Lola Beauchemin, LPN</i>	LB	01/05/08
Carol Burney, RN	<i>Carol Burney, RN</i>	CB	1/4/08
Jeanne Flannery, RN	<i>Jeanne Flannery, RN</i>	JF	1-15-08
Doris Griffith, RN	<i>Doris Griffith, RN</i>	DL	1-29-08
Darrell Harrison, RN	<i>Darrell Harrison, RN</i>	DH	1-10-08
Vernon Hampton, RN	<i>Vernon Hampton, RN</i>	VH	1-7-08
Mary Judy, MRA I	<i>Mary Judy</i>	MJ	1/4/08
Michael Kinney RN	<i>Michael Kinney, RN</i>	MK	1/4/08

NGC Department of Corrections
Kirkland Reception and Evaluation Center
SIGNATURE LIST FOR MARCH
For year 2008

Name/Title	Signature/Initial
John Gray, RN	[Signature]
Mary DuBoise, LPN	[Signature]
Colina McIntyre, LPN	[Signature]
Ernest Williams, LPN	[Signature]
Dolra Hawkins, LPN	[Signature]
AMARIE Floyd, LPN	[Signature]
Denise Stevens, LPN	[Signature]
DAITH EMILY B. YURO, RN	[Signature]
Carolyn A. Avery, LPN	[Signature]
CARINA BACACHAS, RN	[Signature]
ZALDY BALLESCA, RN	[Signature]
Kristy Samuel, LPN	[Signature]
Priscilla Williams, LPN	[Signature]
Ma-Ling G. Postata, RN	[Signature]
Alma P. Canal, RN	[Signature]
GERRY CARILLO, RN	[Signature]
Audrey Graham, LPN	[Signature]
VIRGINIA PANT, RN	[Signature]
LISA A. BROWN	[Signature]
Sarah Robinson-Williams, LPN	[Signature]
JUDITH A. BANAC	[Signature]
MARITES J. TOLENTINO	[Signature]
JOE BERMUDEZ	[Signature]
MARIA M. ANTONIO, RN	[Signature]
MARY L. MCCORMICK, RN	[Signature]
Carla Minson, RN	[Signature]

Facility: LIEBER (421G)

Medication Administration Record

Month/Year: 02/2009

Prescriptions		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3
Order Date 12/02/08	NAPROXEN 375MG TAB #45																																
Exp. Date 03/01/09	TAKE 1 TABLET(S) TWICE DAILY WITH FOOD RPMP (LIMIT 45 PER MONTH)	V																															
RX # 1034916		O																															
Order Date 1/2/09	Plavix 200mg po qd	P																															
Exp. Date 2/28/09																																	
RX #																																	
Order Date																																	
Exp. Date																																	
RX #																																	
Order Date																																	
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RX #																																	
Order Date																																	
Exp. Date																																	
RX #																																	

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Documentation Codes:	H - Hold	R - Refused	DC - Discontinued Order	S - Self Administered	NS - No Show	O - Other
DOB: [REDACTED]	HT: 6' 2"	WT: 197	Allergies:	Diagnosis: NKD		
Unit: SA0044A	Pt. Name: PORCHER, REGINALD			Registration #: [REDACTED]		Physician: MOORE
Pill Line#:						

Facility: KIRKLAND ANNEX (241A)

Medication Administration Record

Month/Year: 01/2009

Prescriptions		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Order Date	NAPROXEN 375MG TAB #45																															
Exp. Date	03/01/09																															
RX #	1034916																															
Order Date																																
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469

Documentation Codes: H - Hold R - Refused DC - Discontinued Order S - Self Administered NS - No Show O - Other

DOB: [REDACTED] HT: 6' 2" WT: 197 Allergies: NKDA Diagnosis: NKD

Unit: D0060A Pill Line#: [REDACTED] Pt. Name: PORCHER, REGINALD Registration #: [REDACTED] Physician: MOORE 52A

Facility:

Medication Administration Record

Month/Year:

Prescriptions	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Order Date: 12-20-18 Exp. Date: 1-24-19 RX #: NAPROXEN 375mg BID PRN																																	
Order Date:																																	
Exp. Date:																																	
RX #:																																	
Order Date:																																	
Exp. Date:																																	
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Order Date:																																	
Exp. Date:																																	
RX #:																																	

Documentation Codes:	H - Hold	R - Refused	DC - Discontinued Order	S - Self Administered	NS - No Show	O - Other
DOB: 5/4/4	HT:	WT:	Allergies:	Diagnosis:		
Unit: 5744	Pt. Name: CORCITER, REGINALD	Registration #:	250 7072	Physician:		
Pill Line #:						

Facility:

K R E

Medication Administration Record

Month/Year:

12/08

Prescriptions		Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Order Date 12/2	Naproxen 375 mg 1 PO BID PRN Pain																																
Exp. Date																																	
RX #																																	
Order Date 12/2	Medioplast Sal Plast Apply to callous on O Foot x 10 days																																
Exp. Date																																	
RX #																																	
Order Date																																	
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RX #																																	

Documentation Codes:	H - Hold	R - Refused	DC - Discontinued Order	S - Self Administered	NS - No Show	O - Other
DOB:	HT:	WT:	Allergies:	Diagnosis:		
Pill Line#:	Pt. Name:	Registration #:		Physician:		

FORCHER, REGINALD

767 010

D60A

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KCI LABORATORY
4344 BROAD RIVER ROAD
COLUMBIA, SC 29210
DIRECTOR - MELANIE M. DAVIS MTASCP
FINAL SAMPLE REPORT

Page: 1

Patient ID: [REDACTED]
Patient Name: PORCHER, REGINALD
DOB: [REDACTED] Sex: M
Comments:

Reported: 12/09/08 02:00
Doctor: MICHAEL BEINOR
Location: KIRKLAND RE

Lab No: 08329139 Drawn: 12/02/08 08:52 Tech: NUR Rec'd: 12/02/08 11:49 Tech: JTP
Comments:
Comments:

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
*** SENDOUT ***				
N. GONORRHOEA RRNA	NEGATIVE			NEGATIVE
Test performed by S.C. Department of Health and Environmental Control Bureau of Laboratories 8231 Parklane Road Columbia, S.C. 29223				
CHLAMYDIA RRNA	NEGATIVE			NEGATIVE
Test performed by S.C. Department of Health and Environmental Control Bureau of Laboratories 8231 Parklane Road Columbia, S.C. 29223				

KCI LABORATORY
4344 BROAD RIVER ROAD
COLUMBIA, SC 29210
DIRECTOR - MELANIE M. DAVIS MTASCP
INQUIRY SAMPLE REPORT

Page: 1

Patient ID: [REDACTED]
Patient Name: PORCHER, REGINALD
DOB: [REDACTED] Sex: M
Comments:

Reported: 12/09/08 04:19
Doctor: MICHAEL BEINOR
Location: KIRKLAND RE

Lab No: 08329139 Drawn: 12/02/08 08:52 Tech: NUR Rec'd: 12/02/08 11:49 Tech: JTP
Comments:
Comments:

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
*** SENDOUT ***				
N. GONORRHOEA RRNA	NEGATIVE			NEGATIVE
Test performed by S.C. Department of Health and Enviromental Control Bureau of Laboratories 8231 Parklane Road Columbia, S.C. 29223				
CHLAMYDIA RRNA	NEGATIVE			NEGATIVE
Test performed by S.C. Department of Health and Enviromental Control Bureau of Laboratories 8231 Parklane Road Columbia, S.C. 29223				

1-6-09
Ch

KCI LABORATORY
 4344 BROAD RIVER ROAD
 COLUMBIA, SC 29210
 DIRECTOR - MELANIE M. DAVIS MTASCP
 FINAL SAMPLE REPORT

Page: 1

Patient ID: [REDACTED]
 Patient Name: PORCHER, REGINALD
 DOB: [REDACTED] Sex: M
 Comments:

Reported: 12/03/08 02:01
 Doctor: MICHAEL BEINOR
 Location: KIRKLAND RE

Lab No: 08329138 Drawn: 11/25/08 08:45 Tech: NUR Rec'd: 11/25/08 12:14 Tech: AJ
 Comments:
 Comments:

PROCEDURE	NORMAL	ABNORMAL	UNITS	REFERENCE RANGE
*** HEMATOLOGY ***				
WBC	7.4		x10 ³ /uL	3.3 - 10.5
RBC	4.69		x10 ⁶ /uL	4.35 - 5.90
HGB		11.7 L	g/dL	13.7 - 16.7
HCT		35.8 L	%	40.5 - 49.7
MCV		76.3 L	fL	79.7 - 97.0
MCH		24.9 L	pg	26.1 - 33.3
MCHC	32.6		g/dL	32.2 - 35.0
RDW	14.0		%	11.0 - 14.6
PLT	268		x10 ³ /uL	130 - 400
MPV	9.8		fL	6.8 - 10.6

*** SEROLOGY/IMMUNOLOGY ***

RPR NON-REACTIVE NON-REACTIVE

*** SENDOUT ***

HIV NON-REACTIVE NON-REACTIVE

Test performed by S.C. Department of Health & Environmental Control
 Bureau of Laboratories
 8321 Parklane Road
 Columbia, S.C. 29223

Test performed by S.C. Department of Health and Enviromental Control
 Bureau of Laboratories
 8231 Parklane Road
 Columbia, S.C. 29223

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
Division of Health Services
Lab Reports

N

GCU Negative
 B.L. Negative
 LET Trace
 SG 1.015
 SLO Negative
 PH 6.5
 PHO Negative
 UNO 1.0 E.U. /dl
 N.T. Negative
 LEU Negative

NOT ENTERED
 NOT ENTERED
 CLARITY
 CO. NO.
 TEST NUMBER
 OPERATOR
 TEST DATE
 11-24-2001
 1237
 10
 287022

FORD R

PATIENT
 EYER HEALTHCARE LTD
 501 E. STATE ST.

Nadine Pridgen

From: Nadine Pridgen
Sent: Monday, August 16, 2010 2:56 PM
To: Robert Peele
Subject: FW: Reginald M. Porcher [REDACTED]

Robert,
Please see the attached PDF file.... Have a great afternoon.

Nadine Pridgen
Administrative Assistant
Health Information Resources/COA
SC Dept. of Corrections
803-896-8192 (office)
803-896-1221 (fax)

From: Robert Peele
Sent: Monday, August 16, 2010 2:37 PM
To: Nadine Pridgen
Subject: Reginald M. Porcher SCDC # [REDACTED]

Nadine,

SCDC has been subpoenaed in a murder case. I need all mental health records and all medical records for Mr. Porcher. He was released from SCDC in February of 2009.

Thanks.

Robert M. Peele, III
Staff Attorney
South Carolina Department of Corrections
4444 Broad River Road
Columbia, SC 29210
Telephone (803) 896-8508
Fax (803) 896-1766

"ATTORNEY-CLIENT PRIVILEGED; DO NOT FORWARD WITHOUT PERMISSION."

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8/16/2010

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SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF HEALTH SERVICES
MEDICAL SCREEN

NAME: Parcher, Reginald SCDC# [REDACTED] INSTITUTION MACDONALD

This questionnaire should be filled in by a trained person who interviews the inmate when he/she is received at the institution.

1. Do you have any current medical/mental health/emotional or dental problems? Yes ☒ No ☐
IF YES, DESCRIBE: Mental Health

High Blood Pressure: NO Allergies: NKDA Seizures: NO
Diabetes: NO Heart Trouble: NO Special Diet: NO
Ulcer: NO Recent Surgery: NO Other: NO
Communicable Illness: NO Serious Infections: NO
Treatment: NO

Are you on any medication: Yes ☒ No ☐ IF YES, DESCRIBE: NAPROXEN

Have you ever used drugs or alcohol? YES What type used: Marijuana
Mode of usage: PO Amount Used: 2 Frequency Used: Daily

Date and Time of last usage: CA 2008

History of any problems as result of stopping usage: Yes ☐ No ☒

IF YES, DESCRIBE: NO

Past/Present treatment or hospitalization for mental disturbance or suicide: NO

Have you ever attempted suicide? Yes ☐ No ☒ IF YES, WHEN NO

Are you presently thinking about suicide? Yes ☐ No ☒

(IF YES, REFER TO MEDICAL IMMEDIATELY)

Does the inmate appear to hear or see things others don't hear or see? Yes ☐ No ☒

Describe, if yes NO

Does the inmate appear: Depressed? Yes ☐ No ☒

Anxious? Yes ☒ No ☐

Aggressive? Yes ☐ No ☒

Pregnancy: Yes ☐ No ☒ History of problems during pregnancy: Yes ☐ No ☐

INMATE SIGNATURE: Reginald Parcher DATE: 1-7-09

OBSERVATIONS: Completed by trained employee

General Appearance: NO

Physical deformities? Yes ☐ No ☒ IF YES, DESCRIBE: NO

Skin: Jaundice, rashes, etc. NO

Needle Marks: Yes ☐ No ☒ IF YES, DESCRIBE: NO

Evidence of trauma i.e., bruises, abrasions? Yes ☐ No ☒ IF YES, DESCRIBE: NO

BEHAVIOR:

Appearance: WNL ☒ No ☐ Tremors: Yes ☐ No ☒ Sweating: Yes ☐ No ☒

Cooperative: Yes ☒ No ☐ Alert to person, place & time: Yes ☒ No ☐

DISPOSITION OF INMATE/PLACEMENT RECOMMENDATION:

Room and/or Dorm NO

1. General Population NO

2. General Population with referral to health care: Yes ☐ No ☒

3. Referral for emergency care: Yes ☐ No ☒

Signature of Person completing form: [Signature] Date: 1-7-09

COMMENTS: NO

Orientation to Medical verbally and in writing given: NO

Cc: Inmate Health Record Signature: Officer or Medical

Inmate Institutional Record

Health Related Supplies/Equipment Issued

- • Includes items such as eyeglasses, bedboards, wheelchairs, walkers, prosthesis (limbs, eyes) neck collars, crutches, etc

SCDC M-6 (April, 1986)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF HEALTH SERVICES
MEDICAL SCREEN

NAME: Forcher, R. Gerald SCDCH# ■■■■ INSTITUTION KRYC

This questionnaire should be filled in by a trained person who interviews the inmate when he/she is received at the institution.

1. Do you have any current medical/mental health, ¹⁹⁹⁷emotional or dental problems? Yes No
IF YES, DESCRIBE: R ankle fusion - approx 1" shorter, ~~FF~~ hip
hip R hip - ~~FF~~ leg - 2002, low back pain
High Blood Pressure: Allergies: Seizures:
Diabetes: Heart Trouble: Special Diet:
Ulcer: Recent Surgery: Other:
Communicable Illness: Serious Infections:
Treatment:
Are you on any medication: Yes No IF YES, DESCRIBE:

Have you ever used drugs or alcohol? yes What type used: Weed, Cocaine, alcohol
Mode of usage: po, smok Amount Used: varies Frequency Used: od od od
Date and Time of last usage: Wed 10-12-08 about
History of any problems as result of stopping usage: Yes No
IF YES, DESCRIBE:
Past/Present treatment or hospitalization for mental disturbance or suicide: no

Have you ever attempted suicide? Yes No IF YES, WHEN
Are you presently thinking about suicide? Yes No
(IF YES, REFER TO MEDICAL IMMEDIATELY)
Does the inmate appear to hear or see things others don't hear or see? Yes No
Describe, if yes
Does the inmate appear: Depressed? Yes No
Anxious? Yes No
Aggressive? Yes No

Pregnancy: Yes No History of problems during pregnancy: Yes No

INMATE SIGNATURE: R. Gerald Forcher DATE: 11-24-08

OBSERVATIONS: Completed by trained employee

General Appearance:

Physical deformities? Yes No IF YES, DESCRIBE:

Skin: Jaundice, rashes, etc. tattoos - L & R arms, chest, stomach + back

Needle Marks: Yes No IF YES, DESCRIBE:

Evidence of trauma i.e., bruises, abrasions? Yes No IF YES, DESCRIBE:

BEHAVIOR:

Appearance: WNL No Tremors: Yes No Sweating: Yes No

Cooperative: Yes No Alert to person, place & time: Yes No

DISPOSITION OF INMATE/PLACEMENT RECOMMENDATION:

Room and/or Dorm

1. General Population

2. General Population with referral to health care: Yes No

3. Referral for emergency care: Yes No

Signature of Person completing form: C. T. [Signature] Date: 11-24-08

COMMENTS:

Prepared for:

Agency: Christopher Biering

Requestor: Christopher Biering

Contact #: 843-761-4888 Fax #: 843-899-9015

Ref: Reginald Porcher SCDC # [REDACTED]

Copies of: disciplinaries and Court Summary

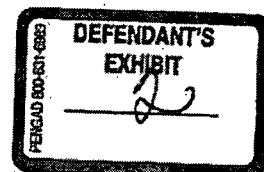
Comment: _____

Contact Information

Janice Kenealy, Supervisor
Record Management Section
Active and Inactive
Inmate Records Office
803-896-1977

kenealy.janice@doc.state.sc.us

Date: 480



SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

RECORD SUMMARY REPORT DATED 10/15/12

C0239

PORCHER, REGINALD - FBI # 900728LB8 SID# [REDACTED] SCDC # [REDACTED]

OFFENDER TYPE.: ADULT-STRAIGHT SENTENCE

INSTITUTION ... UNKNOWN

SECURITY/CUST.: 2 MINIMUM IN

CURR INCARC SENT....: 0 YRS 4 MOS 0 DYS

CENTRAL MONITORING.: NO

SOCIAL SECURITY #... [REDACTED]

DORM.....: 0000

RACE....: B SEX....: M

PROJ MAXOUT DATE: 02/06/2009

PROJ PAROLE DATE: 11/10/2008

EWC JOB...: NO CURRENT JOB

EDUC PGM.: NO CURR EDUC PROGRAM

EWC LEVEL: 0 EEC LEVEL:

ASSIGNMENT...: GENERAL DETAIL UNEM

CURRENT PROGRAM...: NO CURRENT PROGRAM

AGE...: 33 DATE OF BIRTH...: 4/20/79

PREVIOUS NUMBERS:

** NO PREVIOUS NUMBERS **

CURRENT OFFENSES	SENTENCE YRS MOS DYS	COUNTY	SENTENCE START	V/NV	CATEGORY
PREVIOUS SCDC OFFENSES (COMPLETE)	SENTENCE YRS MOS DYS	COUNTY	SENTENCE START	V/NV	CATEGORY
ASSAULT & BATTERY	0 0 90	ORANGEBURG	10/12/20	8 N	3
POSSESS. OF OPEN CONTAINER	0 0 15	ORANGEBURG	10/12/20	8 N	1
DRIVING WITHOUT A LICENSE	0 0 15	ORANGEBURG	10/12/20	8 N	1
THROW BODY FL. CORR. EMP	0 6 0	BERKELEY	6/11/20	7 N	4
ASSLT CORRECT'L EMPLOYEE	0 6 0	BERKELEY	6/11/20	7 N	4
FAIL TO STOP FOR OFFICER	0 0 90	BERKELEY	3/ 2/20	7 N	2
FAIL TO STOP FOR OFFICER	0 0 0	BERKELEY	9/ 6/20	2 N	2
BURGLARY-2ND DEG/NON-VIO	6 0 0	BERKELEY	7/31/20	2 N	3
CARRY PROHIBITED WEAPON	1 0 0	BERKELEY	7/29/20	2 N	3

PRIOR COMMITMENTS OVER 90 DAYS:

NO PRIOR COMMITMENTS OVER 90 DAYS

DETAINEES (HOLD, WANTED, NOTIFY):

NO DETAINEES

NO DETAINEES

ESCAPES:

NO ESCAPE HISTORY

CRIMINAL CHARGES:

NO CRIMINAL CHARGES WHILE IN CUSTODY

NO CRIMINAL CHARGES HISTORY

ASSAULTIVE DISCIPLINARIES:

1/12/ 9	FIGHTING WITHOUT A WEAPON	CONVICTED	MAJOR
12/11/ 3	STRIKE I/M W/WO WEAPON	CONVICTED	MAJOR INMATE
10/15/ 2	STRIKE I/M W/WO WEAPON	CONVICTED	MAJOR INMATE

NON-ASSAULTIVE DISCIPLINARIES:

12/18/ 8	DAMAGE, DESTROY PROP. VAL	CONVICTED	ADMIN
11/30/ 8	THREATENING TO INFLICT H	CONVICTED	MAJOR
11/ 3/ 5	THREATENING TO INFLICT H	CONVICTED	MAJOR
4/21/ 5	REFUSING OR FAILING OBEY	CONVICTED	MINOR
4/21/ 5	DISRESPECT	CONVICTED	MINOR
1/15/ 5	SOLICIT EMPLOYEE, I/M, VIO	OTHER	
2/18/ 4	POSSESSION OF CONTRABAND	CONVICTED	MAJOR
12/13/ 3	POSSESSION OF CONTRABAND	DROPPED	MAJOR
12/ 3/ 3	USE, POSS NARC, MARIJ, UNAU	CONVICTED	MAJOR
12/ 3/ 3	POSSESSION OF CONTRABAND	CONVICTED	MAJOR
8/28/ 3	REFUSING TO WORK	CONVICTED	MINOR
7/ 9/ 3	OUT OF PLACE	CONVICTED	MINOR
3/ 8/ 3	MUTILATION	CONVICTED	MINOR
2/10/ 3	DISRESPECT	CONVICTED	MINOR

HISTORY OF MOVEMENTS:

2/ 6/ 9 UNK

RELEASE

EXPIRATION OF SENTENCE

1/17/ 9 LIEBER

INCARCERATED

DISCIPLINARY

PORCHER, REGINALD - FBI #		SID#	SCDC #	(CONTINUED)
1/ 7/ 9	MACDOUGALL CORR.	INCARCERATED	ADMINISTRATIVE	
11/24/ 8	KIRKLAND	INCARCERATED	NEW ADMISSION	
10/11/ 7	UNK	RELEASE	EXPIRATION OF SENTENCE	
10/10/ 7	KIRKLAND	INCARCERATED	R&E PROCESSING	
10/10/ 7	LIEBER	INCARCERATED	NEW ADMISSION	
6/ 1/ 6	UNK	RELEASE	EXPIRATION OF SENTENCE	
8/12/ 4	ALLENDAL	INCARCERATED	MEDICAL	
8/12/ 4	CHARLESTON CO	AUTH ABSENCE (AWL)	MEDICAL	
6/17/ 4	ALLENDAL	INCARCERATED	MEDICAL	
6/17/ 4	CHARLESTON CO	AUTH ABSENCE (AWL)	MEDICAL	
6/ 3/ 4	ALLENDAL	INCARCERATED	ADMINISTRATIVE	
5/20/ 4	LIEBER	INCARCERATED	ADMINISTRATIVE	
5/20/ 4	CHARLESTON CO	AUTH ABSENCE (AWL)	MEDICAL	
5/19/ 4	LIEBER	INCARCERATED	ADMINISTRATIVE	
5/19/ 4	CHARLESTON CO	AUTH ABSENCE (AWL)	MEDICAL	
4/20/ 4	LIEBER	INCARCERATED	MEDICAL	
4/19/ 4	ALLENDAL	INCARCERATED	MEDICAL	
4/12/ 4	MEDICAL UNIV SC	AUTH ABSENCE (AWL)	MEDICAL	
1/13/ 4	ALLENDAL	INCARCERATED	ADMINISTRATIVE	
1/13/ 4	RIDGELAND	INCARCERATED	COURT/PAROLE HEARING VIA	
12/12/ 2	ALLENDAL	INCARCERATED	RETURN FROM COURT	
12/ 8/ 2	BERKELEY CO	AUTH ABSENCE (AWL)	TO COURT	
10/ 9/ 2	ALLENDAL	INCARCERATED	ADMINISTRATIVE	
10/ 8/ 2	KIRKLAND	INCARCERATED	MEDICAL	
10/ 1/ 2	ALLENDAL	INCARCERATED	ADMINISTRATIVE	
9/12/ 2	KIRKLAND	INCARCERATED	NEW ADMISSION	

HISTORY OF EARNED WORK CREDIT ASSIGNMENTS:

JOB DESCRIPTION	START DATE	END DATE	TERMINATION REASON	JOB LVL
CUSTODIAL WORKER	01/08/09	1/17/ 9	DISCIPLINARY/LOCK-UP	3F5
RECREATION AIDE	01/05/06	6/ 1/ 6	RELEASED/PAROLED	3F5
RECREATION AIDE	02/03/05	11/16/ 5	PLACED IN ST/SP CUSTODY	3F5
RECREATION AIDE	01/14/05	1/16/ 5	PLACED IN ST/SP CUSTODY	3F5
RECREATION AIDE	01/11/05	1/13/ 5	ASLT/DRUG/MAJOR DISC	2F5
RECREATION AIDE	06/15/04	1/10/ 5	CUSTODY REVIEW	5F5
TEACHER AIDE	11/17/03	12/11/ 3	PLACED IN ST/SP CUSTODY	3F5
RECREATION AIDE	12/09/02	11/16/ 3	INMATE REQUEST	3F5
RECREATION AIDE	11/21/02	12/ 8/ 2	COURT	3F5
CUSTODIAL WORKER	10/02/02	10/15/ 2	PLACED IN ST/SP CUSTODY	3F5

HISTORY OF EARNED EDUCATION CREDITS:

EEC DESCRIPTION	START DATE	END DATE	TERMINATION REASON
BONUS 15 OR MORE	03/22/05	11/16/ 5	PLACED IN ST/SP CUSTODY
BONUS 15 OR MORE	10/15/04	1/16/ 5	PLACED IN ST/SP CUSTODY

***** END OF REPORT *****

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD**

Letras

Case#: 17 Inmate Name: REGINALD PORCHER SCDC#: [REDACTED]

Living Area: B Cypress SA44 Job: Ward Keeper Custody: MI2

Offense Date: 01/12/09 Offense Time: 12:15 AM/PM Institution: MacDougall

Offense Description: 810 - STRIKING AN INMATE WITH OR WITHOUT A WEAPON - The willful hitting, striking, throwing of any substance at, or unauthorized touching of one inmate by another inmate with or without a weapon, whether or not such hitting, striking, or unauthorized touching causes bodily injury.

Charging Officer/Employee: BRENDA JOHNSON Title: OFC

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS:

- | | |
|--|---|
| ☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING. | ☐ I WAIVE MY RIGHT TO A HEARING |
| ☐ I DO NOT WANT TO BE PRESENT AT MY HEARING. | ☐ I WAIVE MY RIGHT TO A HEARING |
| ☐ I DO WANT MY ACCUSER PRESENT AT THE HEARING | ☒ I WANT A COUNSEL SUBSTITUTE |
| ☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING | ☐ I DO NOT WANT A COUNSEL SUBSTITUTE |

Date & Time Notified: 1/11/09 8:15 AM/PM By (Print): R. O. Jordan Jones
Inmate Signature: x Reginald Porcher SCDC#: [REDACTED] Date: 1/12/09

HEARING INFORMATION:

Hearing Date: <u>1/27/09</u>	Hearing Time: <u>2:01 PM</u>	am/pm	Tape: <u>09004</u>	Side: <u>A</u>	Start: <u>000</u>	End: <u>091</u>
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EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING

Item 2 state that he did not see the other inmate on his mat.

RELEASE DATE BEFORE HEARING:

RECEIVED

OFFENSE CODES	<u>823</u>	<u>MAR 30 2009</u>
INMATE PLEA (G, NG, None)	<u>G</u>	<u>KIRKLAND R&E CENTER</u>
FINDINGS (G, NG, DS)	<u>G</u>	

IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT; (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: Admission of guilt

HEARING LENGTH: 8 (MINUTES)

SANCTIONS:

Loss of Privileges (Days)	Reprimand:	Loss of Good Time (days):
* Property (Days) <u>60</u>	Extra Duty: <u>60</u>	Restitution: \$ <u>50.00</u>
* Canteen (Days) <u>60</u>	Visit Suspension (Thru <u>1/30/09</u>)	
* Other <u>Phone</u> (Days) <u>60</u>	Cell Restriction (Days):	
* Disciplinary Detention (Days): <u>90</u>		

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: This is the 21st 1st charge of this

CREDIT FOR PHD TIME SERVED? YES/NO IF YES, DAYS

DATE INMATE PLACED IN PHD 1/1/09

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: Reginald Porcher DATE: 1/27/09

HEARING OFFICER (PRINT NAME) J. Jones / B. Jackson

APPROVED/REVERSE/MODIFY [Signature] REASON

CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record

Canary - Inmate (Service of Disciplinary Report)

Golden Red - Inmate (Service of Disciplinary Hearing Disposition)

Pink - Central Record

** (Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

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SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT

7.5

NOV

11/19/09

Page

1 of 1

Institution / Center: MACDOUGALL CORRECTIONAL INSTITUTION	
Date of Report: 1-17-09	Time of Report: APPROX 1:20 PM
Reporting Official: BRENDA JOHNSON	Date of Incident: 1-17-09
Location of Incident: CYPRESS ONE	Time of Incident: APPROX 12:15 PM
Inmate(s)/Resident: SCDC#	Age Race Sex Employee(s) Involved:
1. REGINALD PORCHER	1. OFC BRENDA JOHNSON
2. JOHN CALCUTT	2. SGT WILLIE MACFADDEN
3.	3. SGT JAMAL SALLY
4.	4.
5.	5.

On the above date and approximate time: I OFFICER BRENDA JOHNSON WAS ASSIGNED TO CYPRESS ONE HAD INMATE JOHN CALCUTT 331936 W/M INFORM ME THAT ANOTHER INMATE THREATENED HIM I WENT OUT INTO THE UNIT TO IDENTIFY THE INMATE WHEN I OBSERVED A CROWD AROUND TWO INMATES ONE BEING JIM CALCUTT AND THE OTHER INMATE BEING REGINALD PORCHER 287022 B/M AT THIS TIME I INVESTIGATED THE SITUATION AND OBSERVED JIM PORCHER PUNCHING JIM CALCUTT IN THE FACE I CALLED MACDOUGALL AND INSTRUCTED JIM PORCHER TO STOP HE COMPLIED FIRST RESPONDER SGT WILLIE MACFADDEN ARRIVED TO ASSIST I ESCORTED JIM CALCUTT TO THE OFFICERS STATION SGT MACFADDEN ESCORTED JIM PORCHER TO THE ADMINISTRATION BUILDING AND SGT JAMAL SALLY ESCORTED JIM CALCUTT TO MEDICAL. - JIM'S SCEN AND TREATED IN MEDICAL - JIM R

Signature: Brenda Johnson
NOTE: JIM PORCHER, REGINALD 287022, WAS TRANSFERRED TO LEBER (DISCIPLINARY)
Evidence: 1 copy of statement from John Calcutt 331936
Witness(es):

Supervisor's Comments: Both John Calcutt and Porcher was seen in medical by nurse Harris and released. Because John Porcher, Reginald was seen punching the calcutt John 331936 was charged with (810) assault on a person. Signature: [Signature] Title: LT. Date/Time: 01-17-09	STG Related - Refer to STG Committee () Yes () No (X) Unknown This Incident is DRUG related () Yes (X) No () Unknown
Major / Responsible Authority: Based on the above report Jim Porcher is referred to the D.H.C. for offense 810, Striking and Inmate with or without a Weapon	Action Taken () Informal Resolution () Administrative Resolution (X) Refer to Disciplinary Hearing
Signature: [Signature] Title: Major Date: 1/19/09	

205
2/6/09

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE DISCIPLINARY SYSTEM
INFORMAL RESOLUTION/ADMINISTRATIVE RESOLUTION**

Inmate Name: <u>Walter, Michael</u>	Inmate SCDC Number: [REDACTED]
Number/Type of Violation: (SCDC Form 19-29, "Incident Report" attached) <u>256 - Damage to Property - Destruction of Property - Deliberate - 1st Offense</u>	
Date of Violation: <u>12/1/08</u>	Institution: <u>SC Prison # 1</u>

I find the inmate committed the charge(s) specified, offer the inmate the option to resolve the violation (place check in appropriate box)

☐ INFORMALLY ☒ ADMINISTRATIVELY

and impose the following sanction(s):

Sanction	Number of hours/days of sanction or amount of restitution
Counseling (Check box if imposing this sanction)	☐
Instructions or directives (Check box if imposing this sanction)	☐
Verbal reprimand (Check box if imposing this sanction)	☐
Extra duty or chores up to 40 hours	_____ Hours
Restriction of recreation time (general population only) up to 30 days	_____ Days
Restriction of canteen, visitation, or other privileges up to 90 days	_____ Days
Restriction of television viewing and/or radio up to 90 days for Informal Resolution or up to 120 days for Administrative Resolution	_____ Days
Payment of restitution	\$ <u>48.75</u>
Cell restriction up to 30 days for Informal Resolution or up to 60 days for Administrative Resolution	_____ Days
ADMINISTRATIVE RESOLUTION ONLY: Disciplinary detention up to seven (7) days time in an institutional Special Management Unit.	_____ Days
ADMINISTRATIVE RESOLUTION ONLY: Failure to earn good time	_____ Days

☐ The above sanctions are suspended for (UP TO 90 DAYS) _____ days. If the inmate commits no additional disciplinary infractions during that time period, the sanctions will be lifted and the inmate will not have to serve them. If the inmate commits an additional disciplinary infraction, s/he will have to serve the above sanctions and may be subject to additional disciplinary action.

<u>Carl E. Brown</u>	<u>SC Prison # 1</u>	<u>[Signature]</u>	<u>2/6/09</u>
Major/Responsible Authority (Print Name)	Institution	Signature	Date

INMATE'S ACCEPTANCE OF INFORMAL OR ADMINISTRATIVE RESOLUTION:

This is to certify that I, Walter, Michael, understand that as a result of the above incident, I have been offered the option to resolve the violation (place check in appropriate box)

☐ INFORMALLY ☒ ADMINISTRATIVELY

☐ **Yes**, I accept the sanctions listed above. I understand that I have the privilege of requesting this case be referred to a disciplinary hearing, and I waive that privilege. I further agree that by accepting this informal or administrative resolution, I waive all appeals, including those pursuant to Al-Shabazz v. State.

☒ **No**, I do not want to accept the sanctions listed above and request that this case be referred to a disciplinary hearing.

_____ Date	SI/_____ Inmate's Signature
---------------	--------------------------------

White: Central Records
restitution is to be paid)

Green: Institutional Records

Goldenrod: Inmate

cc: **Financial Accounting (forward copy only when

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

#F08-12-249

Work order # 241925521

Page 1 of 1

Institution/Center: Kirkland R+E Center				
Date of Report: 12/18/08			Time of Report: 345 pm Approx	
Reporting Official: Ofc Parler, L			Date of Incident: 12/18/08	
Location of Incident: Unit D Room 60			Time of Incident: 345 pm Approx	
Inmate(s)/Resident:	SCDC#	Age	Race	Sex
1. Reginald Porcher			B	M
2.				
3.				
4.				
5.				
Employee(s) Involved:				
1. Sgt. Stokes, D				
2. Ofc. Parler, L				
3. Lt. Gathers				
4. Nurse Pantl				
5.				

On the above date and approximate time: Inmate Reginald Porcher #287072 punched out his cell room door window with his hands as Sgt. Stokes and myself ofc Parler arrive he was standing there bleeding from the hand area. He was put in restraints and escorted to medical to be seen by Nurse Pantl. Therefore he will be charge for destroying state property (820)

The Cost and Labor to replace window of Cell
 is \$18.75 + 25.00 = \$43.75 *L. Parler*

Signature: *L. Parler*

Evidence: Photo and Work Order

Witness(es): Sgt. Stokes

Supervisor's Comments: 'M Porcher was charged appropriately (820). Seen by medical and completed and work order.

Signature: *L. Parler*Title: *Ofc*

Date/Time: 12/18/08 6:00 PM

Major/Responsible Authority: *17 Division D.D.T.*

and Project of Rehabilitation. Change is 350
 in the 1000 is

Signature: *L. Parler*Title: *Ofc*

Date: 12/18/08

STG Related - Refer to STG Committee
 () Yes (X) No () Unknown

This Incident is DRUG related
 () Yes (X) No () Unknown

Action Taken

() Informal Resolution
 (X) Administrative Resolution
 () Refer to Disciplinary Hearing

487

**SC. H CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD**

2109

Case#: _____ Inmate Name: _____ SCDC#: _____

Living Area: _____ Job: _____ Custody: _____

Offense Date: _____ Offense Time: _____ AM/PM Institution: _____

Offense Description: _____

Charging Officer/Employee: _____ Title: _____

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS:

- | | |
|---|---|
| ☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING | ☐ I WAIVE MY RIGHT TO A HEARING |
| ☐ I DO NOT WANT TO BE PRESENT AT MY HEARING | ☐ I WANT A COUNSEL SUBSTITUTE |
| ☐ I DO WANT MY ACCUSER PRESENT AT THE HEARING | ☐ I DO NOT WANT A COUNSEL SUBSTITUTE |
| ☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING | |

Date & Time Notified: _____ AM/PM By (Print): _____

Inmate Signature: _____ SCDC#: _____ Date: _____

HEARING INFORMATION:

Hearing Date: _____	Hearing Time: _____ am/pm	Tape: _____	Side: _____	Start: _____	End: _____
---------------------	---------------------------	-------------	-------------	--------------	------------

EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES; (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING

OFFENSE CODES				
INMATE PLEA (G, NG, None)				
FINDINGS (G, NG, DS)				

IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT; (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: _____

HEARING LENGTH: _____ (MINUTES)

SANCTIONS:

Loss of Privileges (Days) _____	Reprimand: _____	Loss of Good Time (days): _____
* Property (Days) _____	Extra Duty: _____	Restitution: \$ _____ **
* Canteen (Days) _____	Visit Suspension Thru _____	
* Other (Days) _____	Cell Restriction (Days): _____	
* Disciplinary Detention (Days): _____		

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: _____

CREDIT FOR PHD TIME SERVED? YES/NO _____ IF YES, DAYS _____

DATE INMATE PLACED IN PHD: _____

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: _____ DATE: _____

HEARING OFFICER (PRINT NAME): _____

APPROVED/REVERSE/MODIFY _____ REASON _____

Warden

CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record Green - Inmate (Service of Disciplinary Report)
Golden Rod - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record

** (Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

SC H CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT

#08-11-515

Page 1 of 2

Institution / Center: <u>KP+EC</u>				
Date of Report: <u>11-30-08</u>			Time of Report: <u>4:20 pm</u>	
Reporting Official: <u>Ofc. C Livingston</u>			Date of Incident: <u>11-30-08</u>	
Location of Incident: <u>Unit C' A-wing</u>			Time of Incident: <u>Approx 4:00 pm</u>	
Inmate(s)/Resident:	SCDC#	Age	Race	Sex
1. <u>Porcher, Reginald</u>	<u>[REDACTED]</u>			<u>BM</u>
2.				
3.				
4.				
5.				
Employee(s) Involved:				
1. <u>Ofc. C Livingston</u>				
2. <u>Ofc. D Wells</u>				
3.				
4.				
5.				

On the above date and approximate time: I Ofc. C Livingston while conducting count in Unit C' approached cell #23 in which Inmate Porcher Reginald SCDC# 287072 was not standing for count. I Ofc. Livingston informed Inmate Porcher that I would be back for his mattress. After conducting count I called Ofc. D. Wells for assistance in getting the mattress. I Ofc. Livingston along with Ofc. Wells went to cell 23 to confiscate Inmate Porcher's mattress. Inmate Porcher refused to give us the mattress. At this time Ofc. Wells gave Inmate Porcher a directive to turn around and he refused, in which he refused. Ofc. Wells then stated to Inmate Porcher again to turn around and not to touch him or he'd be

Signature: Ofc. C Livingston 039470

Evidence:

Witness(es): % D. Wells

Supervisor's Comments: In Porcher was investigated by Capt. Cooper. After further investigation, In Porcher would be charged with (809)

Threatening to inflict harm on Employee

Signature: [Signature] Title: Capt Date/Time: 11/30/08 5:00 pm

Major / Responsible Authority:

T/m Porcher #287072 is charged with 809 Threatening to inflict harm on an S.C.D.C. Employee. T/m placed on P.D. status and D. Wells will be

Signature: [Signature] Title: Major Date: 12/1/08

STG Related - Refer to STG Committee
() Yes () No (X) Unknown

This Incident is DRUG related
() Yes () No (X) Unknown

Action Taken

- () Informal Resolution
() Administrative Resolution
(X) Refer to Disciplinary Hearing

4889

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT SUPPLEMENT

P#11

Page 2 of 2

Institution/Center: KRREC			Date of Report: 11-30-08
Reporting Official: O/c C Livingston			Date of Incident: 11-30-08
Location of Incident: Unit C' A wing			Time of Incident: Approx 4 ⁰⁰ pm
Inmate(s)/Resident(s)	SCDC#	Age Race Sex	Employee(s) Involved
1. Reginald Porcher	[REDACTED]	BM	1. O/c C Livingston
2.			2. O/c D. Wells
3.			3.
Details of Incident: charged with assault Inmate Porcher then stated, "I don't want to assault you, I want to assault her." Inmate Porcher was looking at me O/c Livingston in a threatening manner with his fists clenched when he made the comment. I O/c Livingston then broke the seal on my OC Jip which Inmate Porcher then turned around for O/c Wells to cuff him. Inmate Porcher was escorted to the holding cell. No OC was used. I O/c Livingston recommend that Inmate Porcher be charged with (809) Threatening to Inflict Harm on an Employee.			

491

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT**

Page 1 of 1

Institution / Center: <u>Albion Correctional Institution</u>				
Date of Report: <u>November 3, 1995</u>			Time of Report: <u>Approximately 12:30</u>	
Reporting Official: <u>Sgt. L. Brantley</u>			Date of Incident: <u>November 2, 1995</u>	
Location of Incident: <u>Cell # 101</u>			Time of Incident: <u>Approximately 10:00</u>	
Inmate(s)/Resident:	SCDC#	Age	Race	Sex

1. <u>Porcher, Reginald</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>Black</u>	<u>M</u>
2. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
3. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
4. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
5. <u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

RECEIVED
NOV 07 1995
DISCIPLINARY HEARING DEPT. OF CORRECTIONS
AGI

On the above date and approximate time: I, Sgt. L. Brantley, was approached by Elm Porcher Reginald, Blm # 487024 stating "Sgt Brantley did you please me this morning?" Elm Porcher Reginald then stated "I know one thing if I get a chance I'm going to get taken home and I'm going to pick somebody up." Sgt. L. Brantley sent Elm Porcher Reginald Blm # 487024 to the holding cell because of his actions. I, Sgt. L. Brantley, was charged the above Elm with (809) Threatening to inflict harm on/assaulting or intimidating another member of the public. I, Sgt. L. Brantley, felt threatened by Elm Porcher Reginald's actions.

note: locker was out due to Elm sent the wrong key.

Signature: Sgt. L. Brantley

Evidence:

Witness(es):

Supervisor's Comments: I was with the inmate when he was taken to the holding cell.

Signature: [REDACTED] Title: [REDACTED] Date/Time: 11/3/95

Major / Responsible Authority:

Signature: [REDACTED] Title: [REDACTED]

STG Related - Refer to STG Committee
() Yes () No () Unknown

This Incident is DRUG related
() Yes () No () Unknown

Action Taken

() Informal Resolution
() Administrative Resolution
() Refer to Disciplinary Hearing

F1A17

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE DISCIPLINARY SYSTEM
INFORMAL RESOLUTION/ADMINISTRATIVE RESOLUTION**

Inmate Name: REGINALD PORCHER	Inmate SCDC Number: [REDACTED]
Number/Type of Violation: (SCDC Form 19-29, "Incident Report" attached) 836 Disrespect and 825 Refusing or Failing to Obey Orders (Case #12,13)	
Date of Violation: 04/21/05	Institution: Allendale

I find the inmate committed the charge(s) specified, offer the inmate the option to resolve the violation (place check in appropriate box)

☐ INFORMALLY ☒ **ADMINISTRATIVELY**

and impose the following sanction(s):

Sanction	Number of hours/days of sanction or amount of restitution
Counseling (Check box if imposing this sanction)	☒
Instructions or directives (Check box if imposing this sanction)	☒
Verbal reprimand (Check box if imposing this sanction)	☒
Extra duty or chores up to 40 hours	<u>20</u> Hours
Restriction of recreation time (general population only) up to 30 days	_____ Days
Restriction of canteen visitation, or other privileges up to 90 days	<u>14</u> Days
Restriction of television viewing and/or radio up to 90 days for Informal Resolution or up to 120 days for Administrative Resolution	_____ Days
Payment of restitution	\$ _____
Cell restriction up to 30 days for Informal Resolution or up to 60 days for Administrative Resolution	_____ Days
ADMINISTRATIVE RESOLUTION ONLY: Disciplinary detention up to seven (7) days time in an institutional Special Management Unit.	_____ Days
ADMINISTRATIVE RESOLUTION ONLY: Failure to earn good time	_____ Days

☐ The above sanctions are suspended for (UP TO 90 DAYS) _____ days. If the inmate commits no additional disciplinary infractions during that time period, the sanctions will be lifted and the inmate will not have to serve them. If the inmate commits an additional disciplinary infraction, s/he will have to serve the above sanctions and may be subject to additional disciplinary action.

<u>McKendall Newby</u> Major/Responsible Authority (Print Name)	<u>Allendale</u> Institution	<u>[Signature]</u> Signature	<u>4/21/05</u> Date
---	---------------------------------	---------------------------------	------------------------

INMATE'S ACCEPTANCE OF INFORMAL OR ADMINISTRATIVE RESOLUTION:	
This is to certify that I, <u>Reginald Porcher</u> , understand that as a result of the above incident, I have been offered the option to resolve the violation (place check in appropriate box)	
☐ INFORMALLY ☒ ADMINISTRATIVELY	
☒ Yes, I accept the sanctions listed above. I understand that I have the privilege of requesting this case be referred to a disciplinary hearing, and I waive that privilege. I further agree that by accepting this informal or administrative resolution, I waive all appeals, including those pursuant to <u>Al-Shabazz v. State</u>.	
☐ No, I do not want to accept the sanctions listed above and request that this case be referred to a disciplinary hearing.	
<u>4/21/05</u> Date	<u>[Signature]</u> Inmate's Signature

White: Central Records Green: Institutional Records Goldenrod: Inmate cc: **Financial Accounting (forward copy only when restitution is to be paid)

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT**

Page 1 of 1

Institution / Center: <u>CCI</u>			
Date of Report: <u>2/21/05</u>		Time of Report: <u>3:00 pm</u>	
Reporting Official: <u>Det P. Howard</u>		Date of Incident: <u>2/21/05</u>	
Location of Incident: <u>Education</u>		Time of Incident: <u>3:55 pm</u>	
Inmate(s)/Resident:	SCDC#	Age	Race Sex
1. <u>Reginald Percher</u>	<u>[REDACTED]</u>	<u>41</u>	<u>Blk</u>
2. <u>[REDACTED]</u>			
3. <u>[REDACTED]</u>			
4. <u>[REDACTED]</u>			
5. <u>[REDACTED]</u>			
Employee(s) Involved:			

On the above date and approximate time: 2046 P. Howard while conducting a security check of Education, I observed 1m Reginald Percher SCDC# 987072 loitering around in the Hallway. Det P. Howard gave 1m Percher a directive to go back to his room. Percher refused. After I gave him a second (2nd) directive and Percher did in a loud voice "You don't tell me where to go." I then gave 1m Percher a directive to go to the holding cell. 1m Percher then said "I'm not going to no cell I am fucking holding cell" and then hit up a cigarette in the Hallway. I then called Wash I said Wash who admitted 1m Percher to the holding cell. I use P. Howard Memorandum Number 1836 Disrespect, Item 828 Relating to Obey a direct order.

Signature: Det P. Howard

Evidence:

Witness(es):

Supervisor's Comments:

Signature: _____ Title: _____ Date/Time: _____

Major / Responsible Authority:

Signature: _____ Title: _____

STG Related - Refer to STG Committee		
☐ Yes	☐ No	☐ Unknown
This Incident is DRUG related		
☐ Yes	☐ No	☐ Unknown
Action Taken		
☐ Informal Resolution		
☐ Administrative Resolution		
☐ Refer to Disciplinary Hearing		

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE DISCIPLINARY SYSTEM
INFORMAL RESOLUTION/ADMINISTRATIVE RESOLUTION

Inmate Name: <u>ANDREW WOODS</u>	Inmate SCDC Number: <u>[REDACTED]</u>
Number/Type of Violation: (SCDC Form 19-29, "Incident Report" attached) <u>§33 Selfish Inmate Relationship (Case #11)</u>	
Date of Violation: <u>01/15/05</u>	Institution: <u>Allendale</u>

I find the inmate committed the charge(s) specified, offer the inmate the option to resolve the violation (place check in appropriate box)

☐ INFORMALLY ☐ ADMINISTRATIVELY

and impose the following sanction(s):

Sanction	Number of hours/days of sanction or amount of restitution
Counseling (Check box if imposing this sanction) ☒	☒
Instructions or directives (Check box if imposing this sanction) ☒	☒
Verbal reprimand (Check box if imposing this sanction) ☒	☒
Extra duty or chores up to 40 hours <u>20 hrs Sat. 02/05/05</u>	<u>20</u> Hours
Restriction of recreation time (general population only) up to 30 days	_____ Days
Restriction of canteen, visitation, or other privileges up to 90 days	<u>30</u> Days
Restriction of television viewing and/or radio up to 90 days for Informal Resolution or up to 120 days for Administrative Resolution	_____ Days
Payment of restitution	\$ _____
Cell restriction up to 30 days for Informal Resolution or up to 60 days for Administrative Resolution	_____ Days
ADMINISTRATIVE RESOLUTION ONLY: Disciplinary detention up to seven (7) days time in an institutional Special Management Unit.	_____ Days
ADMINISTRATIVE RESOLUTION ONLY: Failure to earn good time	_____ Days

☐ The above sanctions are suspended for (UP TO 90 DAYS) _____ days. If the inmate commits no additional disciplinary infractions during that time period, the sanctions will be lifted and the inmate will not have to serve them. If the inmate commits an additional disciplinary infraction, s/he will have to serve the above sanctions and may be subject to additional disciplinary action.

Joseph Delack ACI [Signature] FILE 1/27/05
 Major/Responsible Authority Institution Signature Date
 (Print Name)

INMATE'S ACCEPTANCE OF INFORMAL OR ADMINISTRATIVE RESOLUTION:

This is to certify that I, Andrew Woods, understand that as a result of the above incident I have been offered the option to resolve the violation (place check in appropriate box)

☐ INFORMALLY ☐ ADMINISTRATIVELY

☒ **Yes, I accept the sanctions listed above. I understand that I have the privilege of requesting this case be referred to a disciplinary hearing, and I waive that privilege. I further agree that by accepting this informal or administrative resolution, I waive all appeals, including those pursuant to Al-Shabazz v. State.**

☐ **No, I do not** want to accept the sanctions listed above and request that this case be referred to a disciplinary hearing.

1/27/05 [Signature]
 Date Inmate's Signature

White: Central Records Green: Institutional Records Goldenrod: Inmate cc: **Financial Accounting (forward copy only when restitution is to be paid)

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT**

Page of

Institution / Center: <u>Allendale</u>			
Date of Report: <u>16 Jan 2005</u>		Time of Report: <u>Approx. 12:25 am</u>	
Reporting Official: <u>Ofc Y. Williams (YOLANDA)</u>		Date of Incident: <u>15 Jan 2005</u>	
Location of Incident: <u>Hampton A wing</u>		Time of Incident: <u>Approx. 10:15 pm</u>	
Inmate(s)/Resident:	SCDC#	Age	Race Sex Employee(s) Involved:
1. <u>I/m Porcher Reginald</u>	<u>[REDACTED]</u>	<u>B</u>	<u>M</u>
2. <u>SMU B128</u>			
3.			
4.			
5.			

On the above date and approximate time: I ofc Y. Williams assigned to Hampton A wing while sitting at the officer's desk when I/m Porcher Reginald SCDC# 287672 approached me and asked if he could introduce himself. I told him no, I'll find out when I do my count. He then started anyway by saying "My name is Reginald Porcher." He told me that he would be getting his tooth soon so he could be more presentable. He also stated that I would be available. I then asked, "Available for who?" He said available for him because he didn't see a ring on my finger. I recommend that I/m Porcher Reginald be charged with 338 Soliciting improper relationship (to violate an Agency Rule, entering into an improper relationship with an employee).

I Set Newcomer concern with the above charges.

Signature: [Signature] /o

Evidence:

Witness(es):

Supervisor's Comments: Refer to Higher Responsible Authority for Action. I/m Porcher will stay in the same cell B-128.

Signature: [Signature] Title: OT Date/Time: 1/16/05 3:30 PM

Major / Responsible Authority:

[Signature]

Signature: [Signature] Title: Major 496 1/19/05

STG Related - Refer to STG Committee
() Yes (☒) No () Unknown

This Incident is DRUG related
() Yes (☒) No () Unknown

Action Taken
() Informal Resolution
(☒) Administrative Resolution
() Refer to Disciplinary Hearing

[Signature] 01/20/05

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD**

Case#: _____ Inmate Name: _____ SCDC#: _____

Living Area: _____ Job: _____ Custody: _____

Offense Date: _____ Offense Time: _____ AM/PM Offense Location: _____

Offense Description: _____

Charging Officer/Employee: _____

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS:	
☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING	☐ I DO NOT WANT TO BE PRESENT AT MY HEARING
IF MAJOR DISCIPLINARY HEARING	
☐ I DO WANT MY ACCUSER PRESENT AT THE HEARING	☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING
☐ I WANT A COUNSEL SUBSTITUTE	☐ I DO NOT WANT A COUNSEL SUBSTITUTE
Date & Time Notified: _____ AM/PM By (Print): _____	Inmate Signature: _____ Date: _____

HEARING INFORMATION:

Hearing Date: <u>8/24/04</u>	Hearing Time: <u>2:00pm</u>	Type: <u>1</u>	Side: <u>1</u>	Start: <u>2:03</u>	End: <u>2:31</u>
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EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES; (4) DOCUMENTATION; OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING.

OFFENSE CODES				
INMATE PLEA (G, NG, None)				
FINDINGS (G, NG, DS)				

REDUCED TO MINOR PRIOR TO DOCKET _____ (DOCKET) _____ (HEARING) _____ BY (INITIALS): _____

IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT; (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: _____

HEARING LENGTH: _____ (MINUTES)

SANCTIONS:

Loss of Privileges (Days) _____	Reprimand: _____	Loss of Good Time (days): <u>30</u>
• Property (Days) _____	Extra Duty: _____	Restitution: \$ _____
• Canteen (Days) _____	Contact Visit Suspension Thru _____	
• Other _____ (Days) _____	Category 1/2/3 Cell Restriction (Days): _____	

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED:

CREDIT FOR PII/D TIME SERVED? YES/NO _____ IF YES, DAYS _____

DATE INMATE PLACED IN PII/D _____

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: _____ DATE: _____

HEARING OFFICER (PRINT NAME): _____

APPROVED/REVERSE/MODIFY _____ Warden _____ REASON _____

CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record Canary - Inmate (Service of Disciplinary Report)
Golden Rod - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record

*(Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT

Page 1 of 1

Institution/Center: <u>ALLENDALE INSTITUTION</u>				
Date of Report: <u>2-15-04</u>		Time of Report: <u>5:25 PM</u>		
Reporting Official: <u>E. M. M. Jones</u>		Date of Incident: <u>2-15-04</u>		
Location of Incident: <u>SMU Cell B-136</u>		Time of Incident: <u>Approx. 5:15 PM</u>		
Inmate(s)/Resident:	SCDC#	Age	Race	Sex
1. <u>PORCHER, REGINALD</u>	<u>[REDACTED]</u>	<u>31</u>	<u>B</u>	<u>M</u>
2. <u>SMU B-136</u>	<u>SD3</u>			
3.				
4.				
5.				
Employee(s) Involved:				
		RECEIVED FEB 20 2004 ADMIN. CAPTAIN AGI		
On the above date and approximate time: <u>ON THE 18 FEB. '04 AT APPROX. 5:15 PM,</u>				
<u>I CPL E. JONES along with Sgt. M. SIMPSON SMELLED</u>				
<u>CIGARETTE SMOKE COMING FROM CELL B-136 WHILE MAKING ROUNDS</u>				
<u>OF SMU B-WING. I/M PORCHER, REGINALD B/M SCDC# 287072 WAS</u>				
<u>GIVEN A DIRECTIVE TO APPROACH HIS CELL FLOOR TO BE HAND-</u>				
<u>CHECKED SO THAT WE COULD PROCEED WITH A SHAKEDOWN OF</u>				
<u>HIMSELF AND HIS CELL. DURING THE SHAKEDOWN WE FOUND</u>				
<u>ONE (1) PACK OF TOP CIGARETTE TOBACCO INSIDE HIS RIGHT</u>				
<u>SHOE.</u>				
I CPL E. JONES RECOMMEND THAT I/M PORCHER BE CHARGE				
WITH 2.04 (POSSESSION OF CONTRABAND)				
I Lt. Lorne L. Olson agree with the charge of 2.04				
Possession of Contraband. Lt. Lorne L. Olson				
Signature: <u>E. M. M. Jones / CPL</u>				
Evidence: <u>1 PACK TOP CIGARETTE TOBACCO WITH EVIDENCE CARD ATTACHED</u>				
Witness(es):				
Supervisor's Comments:			Action Taken	
<u>[Signature]</u> <u>[Signature]</u> <u>[Signature]</u>			☐ Counseling ☐ Informal Resolution	
			☐ Extra Duty / Other	
			☐ Incident is STG related	
			☒ Refer to Disciplinary Hearing	
Signature: <u>[Signature]</u> Title: <u>[Signature]</u> Date/Time: <u>2/15/04</u>			Refer to STG Committee:	
Major / Responsible Authority:			☐ Yes ☒ No ☐ Unknown	
<u>Committee 2.04</u>			This Incident is DRUG related:	
			☐ Yes ☒ No ☐ Unknown	
Disciplinary Classification:				
Signature: <u>[Signature]</u> Title: <u>[Signature]</u> Date: <u>2/15/04</u>			☒ Major ☐ Minor ☐ Informal Resolution	

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD**

Case#: _____ Inmate Name: _____ SCDC#: _____

Living Area: _____ Job: _____ Custody: _____

Offense Date: _____ Offense Time: _____ AM/PM Offense Location: _____

Offense Description: _____

Charging Officer/Employee: _____

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS:	
☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING	☐ I WAIVE MY RIGHT TO A HEARING
☐ I DO NOT WANT TO BE PRESENT AT MY HEARING	☐ I WANT A COUNSEL SUBSTITUTE
IF MAJOR DISCIPLINARY HEARING	
☐ I DO WANT MY ACCUSER PRESENT AT THE HEARING	☐ I DO NOT WANT A COUNSEL SUBSTITUTE
☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING	
Date & Time Notified: _____ AM/PM	By (Print): _____
Inmate Signature: _____	Dated: _____

HEARING INFORMATION:

Hearing Date: <u>12/15/12</u>	Hearing Time: <u>9:40</u> AM/PM	Tape: _____	Side: <u>A</u>	Start: <u>3:4</u>	End: <u>3:45</u>
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EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING.

I did not want my accuser present at the hearing.
I did not want my accuser present at the hearing.
I did not want my accuser present at the hearing.

OFFENSE CODES	<u>1.1</u>			
INMATE PLCA (G, NG, None)	<u>1.1</u>			
FINDINGS (G, NG, DS)	<u>1.1</u>			

REDUCED TO MINOR PRIOR TO DOCKET (DOCKET) _____ (HEARING) _____ BY (INITIALS): _____
IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT, (B) OFFICER'S REPORT, (C) WITNESS TESTIMONY, (D) OTHER. EXPLAIN IN DETAIL: _____

HEARING LENGTH: 15 (MINUTES)

SANCTIONS:

Loss of Privileges (Days) _____ Reprimand: _____ Loss of Good Time (days): _____
☒ Property (Days) _____ Extra Duty: _____ Restitution: \$ _____
☒ Canteen (Days) 15 _____ Contact Visit Suspension Thru _____
☒ Other _____ (Days) _____ Category: 2/3 Cell-Restriction (Days): _____

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: _____

CREDIT FOR PHD TIME SERVED? YES/NO _____ IF YES, DAYS _____

DATE INMATE PLACED IN PHD: 12/15/12

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: _____ DATE: 12/15/12

HEARING OFFICER (PRINT NAME): _____

APPROVED/REVERSE/MODIFY _____ REASON: _____
Warden

CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record Canary - Inmate (Service of Disciplinary Report)
Golden Rod - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record

*(Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

SCDC Form 200-0001 (Rev. 10/01)

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[illegible]

Page 2 of 2

Institution / Center: <u>Albion Correctional Institution</u>	
Date of Report: <u>12-11-03</u>	Time of Report: <u>1:05 PM</u>
Reporting Official: <u>Det. J. A. Frazier</u>	Date of Incident: <u>12-11-03</u>
Location of Incident: <u>Detention Facility</u>	Time of Incident: <u>6:05 PM</u>
Inmate(s)/Resident: <u>SCDC# [redacted] Age [redacted] Race [redacted] Sex [redacted]</u>	Employee(s) Involved:
1. <u>Robert W. [redacted] #113-28</u>	1.
2. <u>Robert W. [redacted] #113-28</u>	2.
3.	3.
4.	4.
5.	5.
On the above date and approximate time: <u>In Maria Flores, LPN, 3/11/04, was taken to Albion Correctional Institution by EMS and seen by Dr. Victor Williams and Dr. [redacted] who he received 2 stitches and [redacted] to Albion Correctional Institution at approximately 12:00 PM. [redacted] investigation and the information given is [redacted] and [redacted] he changed with [redacted] inmate with [redacted] (1.05).</u>	
Signature: <u>[redacted]</u>	
Evidence: <u>[redacted]</u>	
Witness(es): <u>[redacted]</u>	
Supervisor's Comments:	Action Taken () Counseling () Informal Resolution () Extra Duty / Other () Incident is STG related () Refer to Disciplinary Hearing
Signature: <u>[redacted]</u> Title: <u>[redacted]</u> Date/Time: <u>[redacted]</u>	Refer to STG Committee:
Major / Responsible Authority:	() Yes () No () Unknown
	This Incident is DRUG related:
	() Yes () No () Unknown
	Disciplinary Classification:
Signature: <u>[redacted]</u> Title: <u>[redacted]</u> Date: <u>[redacted]</u>	() Major () Minor () Informal Resolution

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT**

Page 1 of 1

Institution/Center: <u>A.C.I.</u>				
Date of Report: <u>12/11/03</u>		Time of Report: <u>approx. 6:35 AM</u>		
Reporting Official: <u>Det. [Signature]</u>		Date of Incident: <u>12/11/03</u>		
Location of Incident: <u>Unit Room 410A</u>		Time of Incident: <u>approx. 6:05 AM</u>		
Inmate(s)/Resident:	SCDC#	Age	Race	Sex
1. <u>John Robert White</u>	<u>[Redacted]</u>	<u>38</u>	<u>W/M</u>	<u>B</u>
2.				
3.				
4.				
5.				
Employee(s) Involved:				
1.				
2.				
3.				
4.				
5.				
On the above date and approximate time: <u>Det. L. [Signature] was in-</u> <u>formed that an inmate was lying on the fl.</u> <u>floor, injured, bleeding, unconscious.</u> <u>Det. [Signature] immediately went up to the</u> <u>inmate's room. Inmate was lying on the</u> <u>floor in a pool of blood. Det.</u> <u>[Signature] took the inmate to the</u> <u>hospital and was transported to the</u> <u>hospital and was transported to the</u> <u>hospital.</u>				
Signature: <u>[Signature]</u>				
Evidence:				
Witness(es):				
Supervisor's Comments: <u>Inmate was lying on the floor, injured, bleeding, unconscious.</u>			Action Taken	
			☐ Counseling ☐ Informal Resolution	
			☐ Extra Duty/Other <u>[Signature]</u>	
			☐ Incident is STG related	
Signature: <u>[Signature]</u> Title: <u>Det.</u> Date/Time: <u>12/11/03</u>			☐ Refer to Disciplinary Hearing	
Major / Responsible Authority:			Refer to STG Committee:	
			☐ Yes ☐ No ☐ Unknown	
			This Incident is DRUG related:	
			☐ Yes ☐ No ☐ Unknown	
			Disciplinary Classification:	
Signature: <u>[Signature]</u> Title: <u>[Signature]</u>			☐ Major ☐ Minor ☐ Informal Resolution	

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD**

Case#: 1 Inmate Name: James L. Pugh SDCU: [Redacted]

Living Area: 10-10-10 Job: Correctional Dept. Custody: 100

Offense Date: 12/10/00 Offense Time: 11:00 AM/PM Offense Location: Correctional Dept.

Offense Description: 1.11 Theft by Possession of Property, Possession of Headphones, etc., Including Possession of a (stolen) jacket for
and jacket.

Charging Officer/Employee: A. Jenkins, Sgt.

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS:

☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.
☐ I DO NOT WANT TO BE PRESENT AT MY HEARING ☐ I WAIVE MY RIGHT TO A HEARING

IF MAJOR DISCIPLINARY HEARING

☒ I DO WANT MY ACCUSER PRESENT AT THE HEARING ☒ I WANT A COUNSEL SUBSTITUTE
☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING ☐ I DO NOT WANT A COUNSEL SUBSTITUTE

Date & Time Notified: 12/10/00 11:00 AM/PM By (Print): A. Jenkins
 Inmate Signature: [Signature] Date: 12/10/00

HEARING INFORMATION:

Hearing Date: <u>12/10/00</u>	Hearing Time: <u>10:00</u> am/pm	Tape: <u>1</u>	Side: <u>A</u>	Start: <u>SB</u>	End: <u>SA</u>
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EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING.

1. I did not have a hearing.
2. I did not have a hearing.
3. I did not have a hearing.
4. I did not have a hearing.
5. I did not have a hearing.
6. I did not have a hearing.

OFFENSE CODES	<u>1.11</u>			
INMATE PLEA (G, NG, None)	<u>NG</u>			
FINDINGS (G, NG, DS)	<u>NG</u>			

REDUCED TO MINOR PRIOR TO DOCKET (DOCKET) (HEARING) BY (INITIALS):
 IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILTY: (A) ADMISSION OF GUILTY; (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: See above.

HEARING LENGTH: 10 (MINUTES)

SANCTIONS:

Loss of Privileges (Days): 10 Reprimand: None Loss of Good Time (days): 10
☒ Property (Days) 10 Extra Duty: None Restitution: \$ 0
☒ Canteen (Days) 10 Contact Visit Suspension Thru: 1/10/01
☒ Other (Days) 10 Category 1/2/3 Cell Restriction (Days): 10

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: See above.

CREDIT FOR PHD TIME SERVED? YES/NO IF YES, DAYS 10

DATE INMATE PLACED IN PHD 12/10/00

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: [Signature] DATE: 12/10/00

HEARING OFFICER (PRINT NAME): A. Jenkins

APPROVED/REVERSE/MODIFY [Signature] REASON: Warden

CONTACT YOUR CLASSIFICATION CASE WORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record Canary - Inmate (Service of Disciplinary Report)
 Golden Red - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record

**[Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.]

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT**

Page 1 of 1

Institution / Center: <u>ACE</u>				
Date of Report: <u>12/03/03</u>			Time of Report: <u>APPROX 1150 AM</u>	
Reporting Official: <u>CPL. G. JENKINS</u>			Date of Incident: <u>12/03/03</u>	
Location of Incident: <u>CONTRABAND OFFICE</u>			Time of Incident: <u>APPROX 1127 AM</u>	
Inmate(s)/Resident:	SCDC#	Age	Race	Sex
1. <u>REGINALD PORCHER</u>	<u>[REDACTED]</u>	<u>30</u>	<u>B</u>	<u>M</u>
2. <u>CD 0210</u>	<u>Edu Dept</u>	<u>MI2</u>		
3.				
4.				
5.				
Employee(s) Involved:				
RECEIVED				
<u>DEC 04 2003</u>				
<u>ADMIN. CAPTAIN</u>				
<u>ACI</u>				
On the above date and approximate time: I, <u>CPL. G. JENKINS</u> (CONDUCTED A DRUG TEST ON <u>ITM R. PORCHER</u> DUE TO REASONABLE SUSPICION. <u>ITM PORCHER</u> TESTED POSITIVE FOR MARIJUANA USAGE AND NEGATIVE FOR COCAINE USAGE. <u>ADDN. SPECIALIST M. EDMONSON</u> WITHHELD THE TEST RESULTS. <u>ITM PORCHER</u> WAS GIVEN A THE CONFIRMATION TEST. THE CONFIRMATION TEST ALSO REVEALED POSITIVE RESULTS FOR MARIJUANA USAGE. BASED ON THE TEST RESULTS I RECOMMEND THAT <u>ITM PORCHER</u> BE DISBURSED WITH A 1-10 FOR THE USE OR POSSESSION OF NARCOTICS, MARIJUANA OR UNAUTHORIZED DRUGS. INCLUDING PRESCRIPTION DRUGS.				
<u>END CC STATEMENT</u>				
Signature: <u>[Signature]</u>				
Evidence: <u>1 CONFIRM DRUG TEST, NO FORAM, 1 SIGN. REP STATEMENT.</u>				
Witness(es): <u>MYRA EDMONSON</u>				
Supervisor's Comments:			Action Taken	
			☐ Counseling ☐ Informal Resolution	
			☐ Extra Duty / Other <u>Y</u>	
			☐ Incident is STG related <u>Y</u>	
			☒ Refer to Disciplinary Hearing	
Signature: <u>[Signature]</u> Title: <u>ACI</u> Date/Time: <u>12/03/03</u>			Refer to STG Committee:	
Major / Responsible Authority: <u>Command with 1-10</u>			☐ Yes ☒ No ☐ Unknown	
			This Incident is DRUG related:	
			☐ Yes ☒ No ☐ Unknown	
			Disciplinary Classification:	
Signature: <u>[Signature]</u> Title: <u>[Signature]</u> Date: <u>12/04/03</u>			☒ Major ☐ Minor ☐ Informal Resolution	

Case#: _____ Inmate Name: _____ SCDC#: _____

Living Area: 2571 Ave. 300 Job: 34000000 Custody: 25

Offense Date: 07-09-86 Offense Time: 3:42 AM/PM Offense Location: Civilian Court

Offense Description: 7.00 Pound; size # 6; weight 11 OZ., length 8 1/2", 25 pound plate,
grass, and 1 plate displaying parallel gray signs.

Charging Officer/Employee: D. Jenkins, Cpl.

LATE WAIVERS:

☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.
☐ I DO NOT WANT TO BE PRESENT AT MY HEARING. ☐ I WAIVE MY RIGHT TO A HEARING.

THE MAJOR DISCIPLINARY HEARING

☒ I DO WANT MY ACCUSER PRESENT AT THE HEARING. ☐ I WANT A COUNSEL SUBSTITUTE

☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING. ☒ I DO NOT WANT A COUNSEL SUBSTITUTE

Date & Time Notified: 12-18-2012 1:20 AM/PM By (Print): A. J. [Signature]
 Inmate Signature: [Signature] Date: 12-18-2012

HEARING INFORMATION:

Hearing Date: 12/10/03	Hearing Time: 1:00 pm	Tape: 1	Side: A	Start: 3:52	End: 6:1
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EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES; (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING.

1954 The 1st National Book Fair was held in the
National Stadium, New York.

OFFENSE CODES	001			
INMATE PLEA (G, NG, None)	NG			
FINDINGS (G, NG, DS)	NG			

REDUCED TO MINOR PRIOR TO DOCKET (DOCKET) (HEARING) BY (INITIALS):
 IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT:
 (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER: EXPLAIN IN DETAIL: *See 2nd page of 10/27/78*
10/27/78 10:00 AM 10/27/78 10:00 AM 10/27/78 10:00 AM 10/27/78 10:00 AM 10/27/78 10:00 AM

HEARING LENGTH: (MINUTES)

SANCTIONS:

Loss of Privileges (Days) _____	Reprimand: _____	Loss of Good Time (days): _____
* Property (Days) _____	Extra Duty: _____	Restitution: \$ _____ **
* Canteen (Days) _____	Contact Visit Suspension Thru _____	
* Other (Days) _____	Category 1 / 2 / 3 Cell Restriction (Days): _____	

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: 500 ft. and 500 ft. of

CREDIT FOR PHD TIME SERVED? YES/NO IF YES, DAYS _____

DATE INMATE PLACED IN PHD 1-1-68 1-1-68

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: _____ DATE: _____

HEARING OFFICER (PRINT NAME) _____

APPROVED/REVERSE/MODIFY _____ RELEASE

CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

Whole - Institutional Record.	Canary - Inmate (Service of Disciplinary Report)
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Golden Rod - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record

* (Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

SEDC 19-69 (Rev. December 2001)

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT**

Page 1 of 1

Institution / Center: <u>ACE</u>				
Date of Report: <u>12/03/03</u>		Time of Report: <u>14:00 PM</u>		
Reporting Official: <u>CPL. G. JENKINS</u>		Date of Incident: <u>12/03/03</u>		
Location of Incident: <u>FL B20</u>		Time of Incident: <u>APPROX 10:00 PM</u>		
Inmate(s)/Resident:	SCDC#	Age	Race	Sex
1. <u>ARON, D PORCHER</u>	<u>[REDACTED]</u>	<u>28</u>	<u>B</u>	<u>M</u>
2.				
3.				
4.				
5.				
Employee(s) Involved:				
RECEIVED DEC 04 2003 ADMIN CAPTAIN				
On the above date and approximate time: I, <u>CPL. G. JENKINS</u> WITH ASSISTANCE FROM <u>BOB WING</u> ETC, IN BEST INTEREST, CONDUCTED A SEARCHEDOWN OF <u>FL B20</u> HOLDING THE ABOVE LISTED I/M. <u>ELIA PORCHER</u> WAS IN HOLDING CELL #2 B BLDG DUE TO TESTING POSITIVE FOR THERMAGE. AS A RESULT HE WAS NOT PRESENT DURING THE SEARCHEDOWN. <u>ELIA PORCHER</u> IS THE ONLY ONE HOUSED IN FL B20 AT THIS TIME. I, <u>CPL. JENKINS</u>, FOUND THE FOLLOWING: 1. <u>SEARCHEDOWN</u> LOCATING <u>ELIA PORCHER</u>'S POSSESSIONS IN A <u>CLAM BOX</u>. I FOUND 11 <u>PHOTO</u> (GPS) OF A <u>S.C. DRIVER'S LICENSE</u> (4) <u>CELLPHONE</u> SLIPS AND 24 <u>LOOSE</u> <u>PROB</u> <u>COIN</u> <u>IN</u> <u>LAUNDRY</u> <u>WALL</u> <u>CASIN</u> I <u>CONFISCATED</u> 1 <u>PHOTO</u> <u>TAKEN</u> <u>IN</u> <u>SCDC</u> <u>YARD</u> <u>IN</u> <u>WHICH</u> <u>ELIA</u> <u>IS</u> <u>DISSEMINATING</u> <u>POSSIBLE</u> <u>RAPE</u> <u>THREATS</u>. I <u>RECOMMEND</u> <u>THAT</u> <u>ELIA PORCHER</u> <u>BE</u> <u>CHARGED</u> <u>WITH</u> <u>POSSESSION</u> <u>OF</u> <u>CONTEMPTUOUS</u> <u>24</u> <u>HOURS</u> <u>END</u> <u>OF</u> <u>24</u> <u>HOURS</u> <u>WARRANT</u>.				
Signature: <u>CPL. G. JENKINS</u>				
Evidence: <u>1 PHOTO of LAUNDRY SLIPS, 1 PHOTO COPY of LICENSE, 24 COIN</u>				
Witness(es): <u>[REDACTED]</u>				
Supervisor's Comments:			Action Taken	
<u>[REDACTED]</u> <u>[REDACTED]</u> <u>[REDACTED]</u>			☐ Counseling ☐ Informal Resolution	
			☐ Extra Duty / Other <u>UNP</u>	
			☐ Incident is STG related <u>NY</u>	
			☒ Refer to Disciplinary Hearing	
Signature: <u>[REDACTED]</u> Title: <u>[REDACTED]</u> Date/Time: <u>12/03/03</u>			Refer to STG Committee:	
Major / Responsible Authority:			☐ Yes ☒ No ☐ Unknown	
<u>[REDACTED]</u> <u>[REDACTED]</u>			This Incident is DRUG related:	
			☐ Yes ☒ No ☐ Unknown	
Disciplinary Classification:				
Signature: <u>[REDACTED]</u> Title: <u>[REDACTED]</u> Date/Time: <u>12/03/03</u>			☒ Major ☐ Minor ☐ Informal Resolution	

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD**

Case#: _____ Inmate Name: William Anderson SCDC#: 10000000000000000000
 Living Arr: General Job: Construction Custody: 514
 Offense Date: 01/12/04 Offense Time: 2:00 AM/PM Offense Location: Work area in cell block
 Offense Description: no work (wanted to leave to change out of dress)

Charging Officer/Employee: D. King, Disc Specialist

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS: <u>Wanted to be present at hearing</u>	
☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.	☐ I WAIVE MY RIGHT TO A HEARING
IF MAJOR DISCIPLINARY HEARING	
☐ I DO WANT MY ACCUSER PRESENT AT THE HEARING	☐ I WANT A COUNSEL SUBSTITUTE
☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING	☐ I DO NOT WANT A COUNSEL SUBSTITUTE
Date & Time Notified: <u>1/12/04 7:30 AM/PM</u> By (Print): <u>D. King</u>	Date: <u>1/12/04</u>
Inmate Signature: <u>[Signature]</u>	

HEARING INFORMATION:

Hearing Date: <u>01/15/04</u>	Hearing Time: <u>11 am/pm</u>	Tape: <u>2</u>	Side: <u>2</u>	Start: <u>7:02</u>	End: <u>7:15</u>
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EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES; (4) DOCUMENTATION; OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION, QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING.

1. Guilty

OFFENSE CODE(S)	<u>0.14</u>			
INMATE PLEA (G, NG, NDC)	<u>G</u>			
FINDINGS (G, NG, DS)	<u>G</u>			

REDUCED TO MINOR PRIOR TO DOCKET: _____ (DOCKETED) _____ (HEARING) _____ BY (INITIALS): _____
 IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT; (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: no work, guilty plea

HEARING LENGTH: 7 (MINUTES)

SANCTIONS:

Loss of Privileges (Days): _____	Reprimand: <u>200</u>	Loss of Good Time (days): _____
* Property (Days): _____	Extra Duty: _____	Restitution: \$ _____
* Canteen (Days): <u>10</u>	Contact Visit Suspension Thru: _____	
* Other (Days): _____	Category 1 & 2 / 3 Cell Restriction (Days): _____	

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: _____

CREDIT FOR PRIOR TIME SERVED? YES/NO _____ IF YES, DAYS: _____

DATE INMATE PLACED IN PHD: 1/12/04

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: [Signature] DATE: 1/15/04

HEARING OFFICER (PRINT NAME): D. King

APPROVED/REVERSE/MODIFY: [Signature] REASON: _____

Warden

CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM

White - Institutional Record Chain - Inmate (Service of Disciplinary Report)
 Golden Rod - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record

** (Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

INCIDENT REPORT

Page 4 of 4

[illegible]

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**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD**

Inmate Name: _____ SCDC#: _____

Living Area: _____ Job: _____ Custody: _____

Offense Date: _____ Offense Time: _____ AM/PM Offense Location: _____

Offense Description: _____

Charging Officer/Employee: _____

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS:

- ☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.
☐ I DO NOT WANT TO BE PRESENT AT MY HEARING. ☐ I WAIVE MY RIGHT TO A HEARING

IF MAJOR DISCIPLINARY HEARING

- ☐ I DO WANT MY ACCUSER PRESENT AT THE HEARING ☐ I WANT A COUNSEL SUBSTITUTE
☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING ☐ I DO NOT WANT A COUNSEL SUBSTITUTE

Date & Time Notified: _____ AM/PM By (Print): _____
 Inmate Signature: _____ Date: _____

HEARING INFORMATION:

Hearing Date: _____	Hearing Time: _____ am/pm	Tape: _____	Side: _____	Start: _____	End: _____
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EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING:

OFFENSE CODES				
INMATE PLEA (G, NG, None)				
FINDINGS (G, NG, DS)				

REDUCED TO MINOR PRIOR TO DOCKET (DOCKET) (HEARING) BY (INITIALS):
 IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT; (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: _____

HEARING LENGTH: _____ (MINUTES)

SANCTIONS:

Loss of Privileges (Days) _____	Reprimand: _____	Loss of Good Time (days): _____
* Property (Days) _____	Extra Duty: _____	Restitution: \$ _____ **
* Canteen (Days) _____	Contact Visit Suspension Thru: _____	
* Other (Days) _____	Category 1 / 2 / 3 Cell Restriction (Days): _____	

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: _____

CREDIT FOR PHD TIME SERVED? YES/NO IF YES, DAYS _____

DATE INMATE PLACED IN PHD: _____

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: _____ DATE: _____

HEARING OFFICER (PRINT NAME): _____

APPROVED/REVERSE/MODIFY _____ REASON: _____

Warden

CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record Canary - Inmate (Service of Disciplinary Report)
 Golden Rod - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record

** (Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT**

Page 1 of 1

Institution / Center: <u>Allendale</u>		Time of Report: <u>11:14 AM</u>	
Date of Report: <u>July 9, 2003</u>		Date of Incident: <u>9 July 2003</u>	
Reporting Official: <u>W. D. Mathis</u>		Time of Incident: <u>11:14 AM Approx</u>	
Location of Incident: <u>F-1 A Wing</u>		Employee(s) Involved:	
Inmate(s)/Resident:	SCDC#	Age	Race Sex
1. <u>Reginald Porcher</u>	<u>287072</u>	<u>(B-26)</u>	<u>Blm</u>
2.			
3.			
4.			
5.			

RECEIVED

JUL 10 2003

ADMIN. CAPTAIN

On the above date and approximate time: I Sgt W Mathis while being assigned to F-1 A Wing observed the Reginald Porcher #287072 walking across the rock. I called him twice and both times he refused to answer and continued to walk. When Porcher came on A Wing room 26, I Sgt Mathis recommended the Porcher be change with Out of Place (2.16)

Signature: W. D. Mathis, Sgt

Evidence:

Witness(es):

Supervisor's Comments:	Action Taken
<u>I will be sure to follow up on this.</u>	☐ Counseling ☐ Informal Resolution
	☐ Extra Duty / Other
	☐ Incident is STG related
Signature: <u>W. D. Mathis</u> Title: <u>Sgt</u> Date/Time: <u>7/10/03</u>	☒ Refer to Disciplinary Hearing
Major / Responsible Authority: <u>2.16</u>	Refer to STG Committee:
	☐ Yes ☒ No ☐ Unknown
	This Incident is DRUG related:
	☐ Yes ☒ No ☐ Unknown
	Disciplinary Classification:
Signature: <u>W. D. Mathis</u> Title: <u>Sgt</u> Date: <u>7/10/03</u>	☐ Major ☒ Minor ☐ Informal Resolution

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD**

Case#: 3 Inmate Name: REGINALD PORCHER SCDC#: [REDACTED]

Living Area: Colleton B-26 Job: Recreation Dept Custody: MI2

Offense Date: 03 / 08 / 03 Offense Time: 3:15 AM Offense Location: Shakedown Room

Offense Description: 3.01 Mutilation (fresh tattoo on stomach)

Cpl. G. Jenkins

Charging Officer/Employee: _____

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS:

- ☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING
☐ I DO NOT WANT TO BE PRESENT AT MY HEARING ☐ I WAIVE MY RIGHT TO A HEARING
IF MAJOR DISCIPLINARY HEARING
☐ I DO WANT MY ACCUSER PRESENT AT THE HEARING ☐ I WANT A COUNSEL SUBSTITUTE
☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING ☐ I DO NOT WANT A COUNSEL SUBSTITUTE

Date & Time Notified: 03/11/03 9:00 AM By (Print): L. Mack
 Inmate Signature: Reginald Porcher Date: 03/11/03

HEARING INFORMATION:

Hearing Date: <u>3/16/03</u>	Hearing Time: <u>03:00pm</u>	Tape: <u>1</u>	Side: <u>A</u>	Start: <u>349</u>	End: <u>382</u>
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EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING

Inmate pled guilty

OFFENSE CODES	<u>3.01</u>			
INMATE PLEA (G, NG, None)	<u>G</u>			
FINDINGS (G, NG, DS)	<u>G</u>			

REDUCED TO MINOR PRIOR TO DOCKET _____ (DOCKET) _____ (HEARING) _____ BY (INITIALS): _____
 IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT; (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: Cpl. Jenkins

Inmate was reduced to minor on his stomach with red marks around it.
 HEARING LENGTH: 9 (MINUTES)

SANCTIONS:

Loss of Privileges (Days) Phone & 20 Reprimand: X Loss of Good Time (days): _____
 * Property (Days) _____ Extra Duty: _____ Restitution: \$ _____
 * Canteen (Days) _____ Contact Visit Suspension Thru 1/1
 * Other (Days) _____ Category 1/2/3 Cell Restriction (Days): _____

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: in witness room

CREDIT FOR PRIOR TIME SERVED? YES/NO IF YES, DAYS _____

DATE INMATE PLACED IN PHD 1/1

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: Reginald M. Porcher DATE: 3/16/03

HEARING OFFICER (PRINT NAME): Joseph DeBoal

APPROVED/REVERSE/MODIFY 328 3/21/03 REASON _____
 Warden

CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record Canary - Inmate (Service of Disciplinary Report)
 Golden Rod - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record

**(Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT**

Page 1 of 1

Institution / Center: <u>A62</u>		Date of Report: <u>3/16/23</u>	
Reporting Official: <u>G. JENNINGS CMC</u>		Date of Incident: <u>3/16/23</u>	
Location of Incident: <u>INMATE DOWN</u>		Time of Incident: <u>APPROX 3:15 PM</u>	
Inmate(s) / Resident(s)	SCDC#	Age	Race Sex
1. <u>REGINA D. ARCHER</u>	<u>[REDACTED]</u>	<u>33</u>	<u>M</u>
2. <u>F.L.P. [REDACTED]</u>			
3.			
4.			
5.			
Employee(s) Involved			
1.			
2.			
3.			
4.			
5.			
On the above date and approximate time: <u>WHILE CONDUCTING SUPERVISION ON I/Y</u> <u>R. PACHEZ I CMC. JENNINGS NOTICED WHAT APPEARED TO</u> <u>BE A FRECKLE TATTOO ON INMATE'S TORSO WHEN HE RELAYED HIS</u> <u>WARRANT. THE TATTOO WAS REDDISH. JENNINGS ASKED IF THE INMATE</u> <u>HAD A NEW TATTOO. INMATE ANSWERED "YES" (LIVING LEGEND)</u> <u>HAS A NEW TATTOO. AT FIRST HE SAID NO, BUT THEN</u> <u>CONFERRED TO HAVING TATTOO THE TATTOO ON 3/16/23</u> <u>I H. JENNINGS THAT INMATE BE LABELED WITH OFFENSE 3.1-</u> <u>MUTUALITY</u>			
Signature: <u>[Signature]</u>		Title: <u>[Signature]</u>	
Evidence: <u>PHOTO</u>		Disposition: <u>CONTINUED</u>	
Witness(es):			
Supervisor's Comments: <u>Reviewed with [REDACTED]</u>		Action Taken	
<u>A. [REDACTED] [REDACTED] [REDACTED]</u>		☐ Counseling ☐ Informal Resolution	
<u>[REDACTED] [REDACTED] [REDACTED]</u>		☐ Extra Duty / Other <u>[REDACTED]</u>	
<u>[REDACTED]</u>		☐ Incident is STG related <u>[REDACTED]</u>	
Signature: <u>[Signature]</u>		Title: <u>[REDACTED]</u>	
Major's Comments: <u>[REDACTED]</u>		Refer to STG Committee:	
		☐ Yes ☒ No ☐ Unknown	
		This Incident is DRUG related:	
		☐ Yes ☒ No ☐ Unknown	
		Disciplinary Classification:	
Signature: <u>[Signature]</u>		Date: <u>3/16/23</u>	
		☐ Major ☒ Minor ☐ Informal Resolution	

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD**

Case#: 915-1-1 Inmate Name: REGINALD PORCHER SCD# 000000
 Living Area: Barnwell B-25 Job: Recreation Dept. Custody: MI2
 Offense Date: 02/10/03 Offense Time: 2:35 AM/PM AM Offense Location: Colleton Lobby
 Offense Description: 3.17 Disrespect (discourteous remark)

Charging Officer/Employee: Lt. B. Carter

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS:

☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.
☐ I DO NOT WANT TO BE PRESENT AT MY HEARING ☐ I WAIVE MY RIGHT TO A HEARING

IF MAJOR DISCIPLINARY HEARING

☐ I DO WANT MY ACCUSER PRESENT AT THE HEARING ☐ I WANT A COUNSEL SUBSTITUTE
☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING ☐ I DO NOT WANT A COUNSEL SUBSTITUTE

Date & Time Notified: 02/17/03 6:00 AM/PM AM By (Print): C. Mack
 Inmate Signature: [Signature] Date: 2/17/03

HEARING INFORMATION:

Hearing Date: <u>2/19/03</u>	Hearing Time: <u>9:00</u> am/pm <u>am</u>	Tape: <u>1</u>	Side: <u>A</u>	Start: <u>231</u>	End: <u>296</u>
------------------------------	---	----------------	----------------	-------------------	-----------------

EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING

I m pled guilty

OFFENSE CODES	<u>3.17</u>			
INMATE PLEA (G, NG, None)	<u>G</u>			
FINDINGS (G, NG, DS)	<u>G</u>			

REDUCED TO MINOR PRIOR TO DOCKET _____ (DOCKET) _____ (HEARING) _____ BY (INITIALS): _____
 IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT;
 (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: Accepted guilty plea
as admission and report of Lt. Carter that I m stated, "you just stupid"

HEARING LENGTH: 2 (MINUTES)

SANCTIONS:

Loss of Privileges (Days) _____ Reprimand: ☒ _____ Loss of Good Time (days): _____
 • Property (Days) _____ Extra Duty: _____ Restitution: \$ _____
 • Canteen (Days) _____ Contact Visit Suspension Thru 1/1
 • Other _____ (Days) _____ Category 1/2/3 Cell Restriction (Days): _____

Appare Rights Given
 SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: 1st offense 3.17, I m
owns Good Time

CREDIT FOR PHD TIME SERVED? YES/NO _____ IF YES, DAYS _____

DATE INMATE PLACED IN PHD 1/1

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: Reginald M. Porcher DATE: 2/19/03

HEARING OFFICER (PRINT NAME) Shirley M. Mather

APPROVED/REVERSE/MODIFY [Signature] 5/5/03 REASON: _____
 Warden

CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record Canary - Inmate (Service of Disciplinary Report)
 Golden Rod - Inmate (Service of Disciplinary Hearing Disposition) Pink - Central Record

** (Note: When there is restitution, a copy of this form should be forwarded to Financial Accounting.)

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT**

Page 1 of 1

Institution / Center: <u>Blacksburg</u>				Date of Report: <u>Feb 10 2003</u>	
Reporting Official: <u>S. Carter</u>				Date of Incident: <u>Feb 10 2003</u>	
Location of Incident: <u>Blacksburg, SC</u>				Time of Incident: <u>approx. 2:30 PM</u>	
Inmate(s) / Resident(s)		SCDC#	Age	Race	Sex
1. <u>Thomson, Charles</u>		<u>1112</u>	<u>26</u>	<u>Black</u>	<u>M</u>
2. <u>Rich, D.</u>		<u>1112</u>			
3. <u> </u>					
4. <u> </u>					
5. <u> </u>					
Employee(s) Involved				1. <u> </u>	
				2. <u> </u>	
				3. <u> </u>	
				4. <u> </u>	
				5. <u> </u>	

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FEB 11 2003

ADMIN. CAPTAIN

On the above date and approximate time: Inmate Parker was in the cell with
residing at the station and was with the inmate and was seen for
Parker and out of the station. Parker was seen by the inmate
he was seen by the inmate and was seen by the inmate
inmate Parker was seen by the inmate

Signature: <u>[Signature]</u>		Title: <u> </u>	
Evidence: <u> </u>		Disposition: <u> </u>	
Witness(es): <u> </u>			
Supervisor's Comments: <u>I am with</u>		Action Taken	
<u>the case.</u>		☐ Counseling ☐ Informal Resolution	
		☐ Extra Duty / Other <u> </u>	
		☐ Incident is STG related <u> </u>	
		☒ Refer to Disciplinary Hearing <u> </u>	
Signature: <u>[Signature]</u>		Title: <u> </u>	
Major's Comments: <u> </u>		Refer to STG Committee:	
		☐ Yes ☐ No ☐ Unknown	
		This Incident is DRUG related:	
		☐ Yes ☐ No ☐ Unknown	
		Disciplinary Classification	
Signature: <u>[Signature]</u>		Date: <u> </u>	

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DISCIPLINARY REPORT AND HEARING RECORD**

Case#: _____ Inmate Name: _____ SCDC#: _____

Living Area: _____ Job: _____ Custody: _____

Offense Date: ____/____/____ Offense Time: ____ AM/PM Offense Location: _____

Offense Description: _____

Charging Officer/Employer: _____

INMATE NOTIFICATION: YOU WILL APPEAR BEFORE A HEARING OFFICER 24 HOURS OR MORE AFTER YOUR RECEIPT OF THIS NOTICE. YOU HAVE THE RIGHT TO SUBMIT A WRITTEN STATEMENT AND MAKE A VERBAL STATEMENT.

INMATE WAIVERS:	
☐ I GIVE UP MY RIGHT TO 24-HOUR NOTICE AND AUTHORIZE THE HEARING OFFICER TO PROCEED WITH THE HEARING.	☐ I WAIVE MY RIGHT TO A HEARING
IF MAJOR DISCIPLINARY HEARING	
☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING	☐ I WANT A COUNSEL SUBSTITUTE
☐ I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING	☐ I DO NOT WANT A COUNSEL SUBSTITUTE
Date & Time Notified: ____/____/____ AM/PM By (Print): _____	
Inmate Signature: _____ Date: ____/____/____	

HEARING INFORMATION:

Hearing Date: ____/____/____	Hearing Time: ____ am/pm	Tape: _____	Side: _____	Start: _____	End: 640
------------------------------	--------------------------	-------------	-------------	--------------	-----------------

EXPLAIN BELOW BY NUMBER: (1) IF COUNSEL SUBSTITUTE WAS NOT PRESENT DURING PART OF THE HEARING; (2) IF ACCUSED WAS EXCLUDED FROM ANY PART OF THE EVIDENCE STAGE; IF ANY (3) WITNESSES, (4) DOCUMENTATION, OR (5) EVIDENCE WAS EXCLUDED FROM THE HEARING; OR (6) IF INMATE WAS DENIED CONFRONTATION QUESTIONING AND/OR CROSS EXAMINATION OF A WITNESS AT THE HEARING.

OFFENSE CODE(S)		
INMATE PLEA (G, NG, None)		
FINDINGS (G, NG, DS)		

REDUCED TO MINOR PRIOR TO DOCKET: _____ (DOCKET) _____ (HEARING) _____ BY (INITIALS): _____
 IF GUILTY, EVIDENCE PRESENTED CONSIDERED AND REASONS FOR DETERMINATION OF GUILT: (A) ADMISSION OF GUILT;
 (B) OFFICER'S REPORT; (C) WITNESS TESTIMONY; (D) OTHER. EXPLAIN IN DETAIL: _____

HEARING LENGTH: _____ (MINUTES)

SANCTIONS:

Loss of Privileges (Days) _____	Reprimand: _____	Loss of Good Time (days): _____
* Property (Days) _____	Extra Duty: _____	Restitution: \$ _____
* Canteen (Days) _____	Contact Visit Suspension Thru ____/____/____	
* Other _____ (Days)	Category 1 / 2 / 3 Cell Restriction (Days): _____	

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: _____

CREDIT FOR PRIOR TIME SERVED? YES/NO _____ IF YES, DAYS: _____

DATE INMATE PLACED IN PIID ____/____/____

INMATE SIGNATURE FOR RECEIPT OF FINAL REPORT: _____ DATE: _____

HEARING OFFICER (PRINT NAME) _____

APPROVED/REVERSE/MODIFY _____ REASON _____

Warden

CONTACT YOUR CLASSIFICATION CASEWORKER OR COUNSEL SUBSTITUTE IF YOU DO NOT UNDERSTAND THIS FORM.

White - Institutional Record
 Golden Rod - Inmate (Service of Disciplinary Hearing Disposition)
 Green - Financial Accounting (Restitution sanctions only)

Canary - Inmate (Service of Disciplinary Report)
 Pink - Central Record

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INCIDENT REPORT**

Page / of /

[illegible]

PERGAD 000-031-001

DEFENDANT'S
EXHIBIT

PENAD 800-431-6333

DEFENDANT'S
EXHIBIT



DEFENDANT.

DEFENDANT'S
REQUEST TO CHARGE

PENGAD 800-631-6808
COURT'S
 EXHIBIT NO. 2
 IDENTIFICATION EVIDENCE
 DKT. # 118-0774
 DATE: 11/2/12

§ 16-11-440. Presumption of reasonable fear of imminent peril when using deadly force against another unlawfully entering residence, occupied vehicle or place of business.

South Carolina Statutes

Title 16. Crimes and Offenses

Chapter 11. OFFENSES AGAINST PROPERTY

Article 6. PROTECTION OF PERSONS AND PROPERTY

Current through 2012 Act. No. 288

§ 16-11-440. Presumption of reasonable fear of imminent peril when using deadly force against another unlawfully entering residence, occupied vehicle or place of business

(A) A person is presumed to have a reasonable fear of imminent peril of death or great bodily injury to himself or another person when using deadly force that is intended or likely to cause death or great bodily injury to another person if the person:

(1) against whom the deadly force is used is in the process of unlawfully and forcefully entering, or has unlawfully and forcibly entered a dwelling, residence, or occupied vehicle, or if he removes or is attempting to remove another person against his will from the dwelling, residence, or occupied vehicle; and

(2) who uses deadly force knows or has reason to believe that an unlawful and forcible entry or unlawful and forcible act is occurring or has occurred.

(B) The presumption provided in subsection (A) does not apply if the person:

(1) against whom the deadly force is used has the right to be in or is a lawful resident of the dwelling, residence, or occupied vehicle including, but not limited to, an owner, lessee, or titleholder; or

(2) sought to be removed is a child or grandchild, or is otherwise in the lawful custody or under the lawful guardianship, of the person against whom the deadly force is used; or

(3) who uses deadly force is engaged in an unlawful activity or is using the dwelling, residence, or occupied vehicle to further an unlawful activity; or

(4) against whom the deadly force is used is a law enforcement officer who enters or attempts to enter a dwelling, residence, or occupied vehicle in the performance of his official duties, and he

identifies himself in accordance with applicable law or the person using force knows or reasonably should have known that the person entering or attempting to enter is a law enforcement officer.

(C) A person who is not engaged in an unlawful activity and who is attacked in another place where he has a right to be, including, but not limited to, his place of business, has no duty to retreat and has the right to stand his ground and meet force with force, including deadly force, if he reasonably believes it is necessary to prevent death or great bodily injury to himself or another person or to prevent the commission of a violent crime as defined in Section 16-1-60.

(D) A person who unlawfully and by force enters or attempts to enter a person's dwelling, residence, or occupied vehicle is presumed to be doing so with the intent to commit an unlawful act involving force or a violent crime as defined in Section 16-1-60.

(E) A person who by force enters or attempts to enter a dwelling, residence, or occupied vehicle in violation of an order of protection, restraining order, or condition of bond is presumed to be doing so with the intent to commit an unlawful act regardless of whether the person is a resident of the dwelling, residence, or occupied vehicle including, but not limited to, an owner, lessee, or titleholder.

Cite as S.C. Code § 16-11-440

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of General Sessions

Kristi Harrington, Circuit Court Judge

Case No. 2011-GS-08-947

 The State,

Respondent,

v.

Ron Santa McCray,

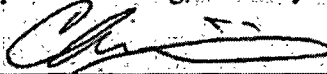
Appellant.

NOTICE OF APPEAL

Ron Santa McCray appeals his conviction and sentence in this case. The sentence was imposed by the Honorable Kristi Harrington on November 2, 2012. Appellant received written notice of entry of this order on November 2, 2012.

November 2, 2012.

Christopher P. Biering, Attorney at Law, P.C.



Christopher P. Biering SCBAR No. 13353
116 East Railroad Avenue
Moncks Corner, South Carolina 29461
843-761-4888
Facsimile: 843-899-9015
chris@bieringlawfirm.com

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NOV 09 2012
SC COURT OF APPEALS

Other Counsel of Record:

Bryan Alfaro

Assistant Solicitor, Office of the Solicitor, Ninth Judicial Circuit

300 California Avenue

Moncks Corner, South Carolina 29461

(843) 719-4529

Attorney for Respondent

Robert M. Dudek

Chief Appellate Defender

S.C. Commission on Indigent Defense

Division of Appellate Defense

Post Office Box 11433

Columbia, South Carolina 29211-1433

803-734-1343

Anticipated, Counsel for Appellant

THE STATE OF SOUTH CAROLINA
In The Court of Appeals

APPEAL FROM BERKELEY COUNTY
Court of General Sessions

Kristi Harrington, Circuit Court Judge

Case No. 2011-GS-08-947

The State,

Respondent,

v.

Ron Santa McCray,

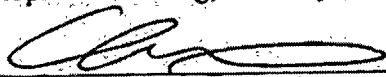
Appellant.

PROOF OF SERVICE

I certify that I have served the Notice of Appeal on Bryan Alfaro by depositing a copy of it in the United States Mail, postage prepaid, on November 6, 2012, addressed to him, Bryan Alfaro, 300 California Avenue, Moncks Corner, South Carolina 29461.

November 6, 2012

Christopher P. Biering, Attorney at Law, P.C.



Christopher P. Biering SCBAR No. 13353
116 East Railroad Avenue
Moncks Corner, South Carolina 29461
843-761-4888
Facsimile: 843-899-9015
chris@bieringlawfirm.com

cc.

Robert M. Dudek
Chief Appellate Defender
S.C. Commission on Indigent Defense
Division of Appellate Defense
Post Office Box 11433
Columbia, South Carolina 29211-1433
803-734-1343
Anticipated, Counsel for Appellant

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NOV 09 2012

SC Court of Appeals

STATE OF SOUTH CAROLINA

COUNTY OF BERKELEY

STATE OF SOUTH CAROLINA

v.

RON SANTA McCRAY,

Defendant.

) IN THE COURT OF GENERAL SESSIONS
) FOR THE NINTH JUDICIAL CIRCUIT
) CASE NO.: 2011-GS-08-0947

VERDICT FORM

VERDICT

1. We, the Jury, find the Defendant NOT GUILTY. _____

OR

2. We, the Jury, find the Defendant GUILTY of Murder. X

I certify that this decision is the unanimous decision of the Jury.

Debra R. Rouse
Foreperson

November 2, 2012.

STATE OF SOUTH CAROLINA

COUNTY OF Berkeley
 STATE VS.
Ron Santa McCray

AKA:

Race: BLACK Sex: M Age: 46

[REDACTED] SS# [REDACTED]

Address:

[REDACTED] Zip: Charleston, SC 29492

DL#: 008524091 SID#: [REDACTED]

*CDL Yes ☐ No ☐ CMV Yes ☐ No ☐ Hazmat Yes ☐ No ☐

In disposition of the said indictment comes now the Defendant who was
 TO: Murder

IN THE COURT OF GENERAL SESSIONS

INDICTMENT/CASE#: 2011-GS-08-0947A/W#: M325008Date of Offense: 9/16/2009S.C. Code §: 16-03-0010, 0020CDR Code #: 0116

SENTENCE SHEET

☒ CONVICTED OF or ☐ PLEADS

in violation of § 16-03-0010, 0020 of the S.C. Code of Laws, bearing CDR Code # 0116

☐ NON-VIOLENT ☒ VIOLENT ☐ SERIOUS ☐ MOST SERIOUS ☐ Mandatory GPS(CSC ☐ §17-25-45
 w/minor 1st or Lewd Act)

The charge is: ☒ As Indicted, ☐ Lesser Included Offense, ☐ Defendant Waives Presentment to Grand Jury. (defendant's initials)

The plea is: ☐ Without Negotiations or Recommendation, ☐ Negotiated Sentence, ☐ Recommendation by the State.

ATTEST:

Alfaro, Bryan A.

SC Bar#

Defendant

Attorney for Defendant

SC Bar#

WHEREFORE, the Defendant is committed to the ☒ State Department of Corrections, ☐ County Detention Center,

for a determinate term of life days/months/years or ☐ under the Youthful Offender Act not to exceed years

and/or to pay a fine of \$, provided that upon the service of days/months/years and/or payment

of \$; plus costs and assessments as applicable*; the balance is suspended with probation for

months/years and subject to South Carolina Department of Probation, Parole and Pardon Services standard conditions of probation, which are incorporated by reference.

☐ CONCURRENT or ☐ CONSECUTIVE to sentence on:

☒ The Defendant is to be given credit for time served pursuant to S.C. Code § 24-13-40 to be calculated and applied by the State Department of Corrections.

☐ The Defendant is to be placed on the Central Registry of Child Abuse and Neglect pursuant to S.C. Code § 17-25-135.

Pursuant to 18 U.S.C Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal Domestic Violence) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

☐ RESTITUTION: ☐ Deferred ☐ Def. Waives Hearing ☐ Ordered

Total: \$ plus 20% fee: \$

Payment Terms:

☐ Set by SCDPPPS

Recipient:

*Fine:

§ 14-1-206 (Assessments 107.5 %)	\$	
§ 14-1-211(A)(1) (Conv. Surcharge)	\$100	\$ <u>100.00</u>
§ 14-1-211(A)(2) (DUI Surcharge)	\$100	\$
§ 56-5-2995 (DUI Assessment)	\$12	\$
§ 56-1-286 (DUI Breath Test)	\$25	\$
Proviso 47.9 (Public Def/Prob)	\$500	\$
§ 14-1-212 (Law Enforc. Funding)	\$25	\$ <u>25.00</u>
§ 14-1-213 (Drug Court Surcharge)	\$150	\$
§ 50-21-114 (BUI Breath Test Fee)	\$50	\$
§ 56-5-2942(J) (Vehicle Assessment)	\$40/ea	\$
Proviso 90.5 (SCJA Surcharge)	\$5	\$ <u>5.00</u>
3% to County (if paid in installments)	\$	\$ <u>3.90</u>
TOTAL	\$	\$ <u>133.90</u>

Clerk of Court Deputy Clerk

Court Reporter:

SCCA/217 (03/2011)

PTUP

 days/hours Public Service Employment

Obtain GED ☐Attend Voc. Rehab. or Job Corp. May serve W/E beginning Substance Abuse Counseling ☐Random Drug/Alcohol testing ☐

Fine may be pd. in equal, consecutive weekly/monthly
 pmts. of \$ beginning

\$ paid to Public Defender Fund

Other:

☐ Appointed PD or appointed other counsel,
 § 47.12 requires \$500 be paid to Clerk
 during probation.

Presiding Judge

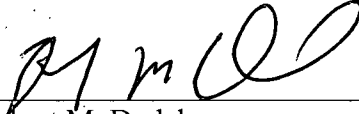
Judge Code:

Sentence Date:

CERTIFICATE OF COUNSEL FOR APPELLANT

Counsel for appellant certifies that this Record on Appeal contains all material proposed to be included by any of the parties and not any other material and that this Record on Appeal complies to the best of my ability with the April 15, 2014 order from the South Carolina Supreme Court entitled "Revised Order Concerning Personal Identifying Information and Other Sensitive Information in Appellate Court Filings."

July 11th, 2014

A handwritten signature in black ink, appearing to read "R M Dudek", written over a horizontal line.

Robert M. Dudek
Chief Appellate Defender

South Carolina Commission on Indigent Defense
Division of Appellate Defense
PO Box 11589
Columbia, S. C. 29211-1589
(803) 734-1330

ATTORNEY FOR APPELLANT

STATE OF SOUTH CAROLINA

IN THE COURT OF APPEALS

Appeal from Berkeley County

Kristi Lea Harrington, Circuit Court Judge

ORIGINAL
RECEIVED
JUL 11 2014
SC Court of Appeals

THE STATE,

RESPONDENT,

V.

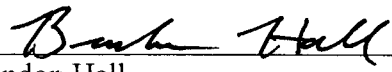
RON SANTA MCCRAY,

APPELLANT

APPELLATE CASE NO. 2012-213393

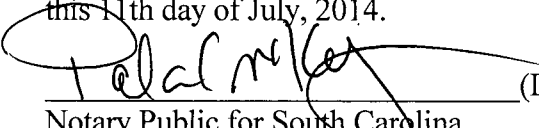
CERTIFICATE OF SERVICE

I certify that a true copy of the Record on Appeal in the above referenced case has been served upon Kaycie S. Timmons, Esquire, at Rembert Dennis Building, 1000 Assembly Street, Room 519, Columbia, SC 29201, this 11th day of July, 2014.



Brandon Hall
Administrative Specialist

SUBSCRIBED AND SWORN TO before me
this 11th day of July, 2014.



(L.S.)
Notary Public for South Carolina
My Commission Expires: July 24, 2022.