

STATE OF SOUTH CAROLINA
ADMINISTRATIVE LAW COURT

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NOV 15 2015

SC Court of Appeals

NOTICE OF APPEAL

Dexter Crawford, #231730,)
)
Appellant,)
)
vs.)
)
South Carolina Department of Corrections,)
)
Respondent.)

DOCKET NO. ALJ-04- -
GRIEVANCE NO.: BRCI-0304-15

Notice is hereby given that Dexter Crawford, #231730 does hereby appeal the final decision of the South Carolina Department of Corrections dated 7-14-15 and received on 7-27-15, a copy of which is attached. A general statement of the grounds for appeal is (See S.C. Code Ann. § 1-23-380(A)(6)):

The Agency's Actions were arbitrary, capricious, characterized by an abuse of discretion, and clearly unwarranted exercise of discretion (1) Agency failed to follow its own

Where the Agency policy was mandatory that an inmate charged with a major rules violation must be tried within 30 days of infraction, and (only) if agency got written appeal from

Division Of Operations head, prior to the expiration of the 30 days, and the inmate (must) be served with a copy of the (extension) before the expiration... And failure of Agency

to follow such policy, the policy itself (mandated that the charges must be dismissed....

The agency failed to timely get the permission and serve appellant with a copy of said extension notice..., which is also a constitutional violation of adequate and meaningful

notice, and opportunity to be heard and challenge evidence and documents.. CONTINUED-----

DEXTER L. CRAWFORD
Appellant's Name

Dexter L. Crawford
Signed

4490 BROAD RIVER
Mailing Address 29224

8-14-15
Dated

City, State, Zip Code

CERTIFICATE OF SERVICE

I hereby certify that I, DEXTER CRAWFORD (your name), on the 8 day of 14, 20 15, in COLUMBIA (city), South Carolina, served a copy of the foregoing Notice of Appeal on all parties to this matter by depositing the same in the United States Mail, postage paid, or in the mail room of the undersigned's institution and addressed as follows:

Name of person/Agency served: SOUTH CAROLINA DEPARTMENT OF CORRECTIONS HEADQUARTER
Address: 4444 BROAD RIVER ROAD / PO BOX 21787

City, State, Zip Code: COLUMBIA, SOUTH CAROLINA 29221-1787

Print your name: DEXTER CRAWFORD
(See reverse side for instructions)

Sign your name: Dexter Crawford

---continued from Notice Of Appeal Form :

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---,which was a due process violation,

2nd ground for appeal:

Agency Decision was affected by other error of law and was in violation of constitutional and statutory provisions....

There were other supervising officials working for the agency who possessed and possess information and evidence of appellant's innocence who were not allowed and prevented from testifying at appellant Disciplinary Hearing,because of their employment with the agency.....

Therefore Appellant will make a timely application to this court for leave to present additional evidence and will show to the satisfaction of the court that the additional evidence is material and that there is good reason for the failure to present it in the proceeding before the agency.(Rule 58 (f) SCALR)

Also, clearly erroneous in view of reliable,probative and substantial evidence on the record as a whole,was the agency's decision and actions.

JURISDICTION OF ADMINISTRATIVE LAW COURT TO HEAR THIS APPEAL

(1) The Appellant is partially blind and protected under the American Disabilities Act,under the state and federal provisions..... The Appellant was charged with assaulting an officer while she was conducting a pat search,when he raised his arm,it brushed the officer and he was charged with assault..., Because of the charge,he was moved,reassigned to be housed with assaultive cell/room mates because of the charge(policy requires all persons convicted to be housed with other assaultive inmates regardless of his disability....

This puts appellant in a dangerous,unsafe,and unhealthy situation... The liberty interest is appellant has a constitutional right to be free from threats and harm and injury in relation to his celling. The S.C. Supreme Court has already stated that the ALC had jurisdiction to hear an appeal involving an inmate's safety hazard and threats of harm regarding his cell housing. (Slezak v. SCDC,361 SC 327;605 SE 2d 506 (2004)

(2) Every citizen,regardless of their status has a constitutional right and liberty interest in being free from arbitrary,capricious governmental decision making.

(3) When any agency failes to follow its own rules and regulation,it is reviewable under the APA Act....

(4) The Appellant has a liberty interest in the provisions of the Americans With Disability Act and its protections.

8-14-15
DATE

Dexter Crawford
SIGNATURE

August 14.2015.

Dexter Crawford, #231730
Broad River Correctional Institution
4460 BroadRiver Road
Columbia, South Carolina 29219

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Attention SCDC General Counselor at Law
OFFICE OF GENERAL COUNSEL FOR SCDC
South Carolina Department Of Corrections *Headquarters*
4444 BroadRiver Road/ PO Box 21787
Columbia, South Carolina 29221-1787

Please find enclosed a copy of my Notice Of Appeal to the Administrative Law Court.....

8-14-15
Date

Dexter Crawford
Signature

August 13, 2015

Dexter Crawford, #231730
BroadRiver Correctional Institution
4460 BroadRiver Road
Columbia, South Carolina 29210

Clerk's Office
South Carolina Administrative Law Court
1205 Pendelton Street, Suite 224
Columbia, South Carolina 29201

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SC Court of Appeals

Dear Clerk Of Court,

Please find enclosed 'Notice Of Appeal, with attached Agency Final Decision being appealed.....

Also, please find enclosed an extra copy which I ask that you clock-stamp received with an assigned docket number, please!

"Thank You Very Much!"

8-14-15
Date

Dexter Crawford
Signature

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM

STEP 1

| | |
|---|--|
| INMATE NAME: <u>DEXTER CRAWFORD</u> | OFFICE USE ONLY |
| SCDC NUMBER: <u>231730</u> | Grievance No. <u>BRCI 2304-15</u> |
| INSTITUTION: <u>BROAD RIVER</u> <u>MAY 5 2015</u> | Code: <u>General</u> |
| HOUSING UNIT: <u>SMU-250</u> | Policy _____ Disc. Hear. <u>#60 807 4/29/15</u> |
| WORK ASSIGNMENT: _____ | Class. _____ PREA <u>MAY 07 2015</u> |
| | Date Received _____ IGC Initials <u>CR</u> |

STATEMENT OF GRIEVANCE (Indicate the date of incident, and if the grievance is a challenge to SCDC Policy, specify which policy. Include supporting documentation and attach answered RTSM or Kiosk reference number.)

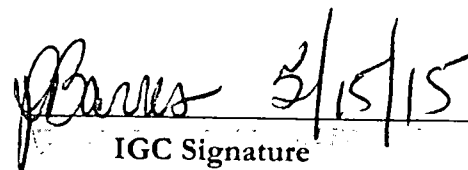
ON 3-2-15 I (MR. CRAWFORD) WAS CHARGE WITH ASSAULT ON SGT. ANDERSON. MY CHARGE WAS ENTER INTO OIMS 3-9-15, MY 21 DAY EXPIRATION DATE IS 3-30-15, POLICY OP-22.14(7.5) STATES THAT THE EXPIRATION DATE OF THE 21 DAY PERIOD MUST BE NOTED IN THE MEMORANDUM WHICH IS NOT. WRONG DATE IS PLACE IN 21 EXPIRATION DATE WHICH IS AGAINST POLICY BECAUSE DIVISION OF OPERATION WAS MISSED TO BELIEVE THAT 3-31-15 IS EXPIRATION DATE. MY 21 DAY HAS EXPIRE MY CHARGES SHOULD OF BEEN DISMISS. POLICY OP-22.14(7.5) ALSO STATE THAT I SHOULD RECEIVE COPY OF MY EXTENSION, CAPT. JEFFERSON COUDN'T PROVIDE ME WITH COPY OF THE EXTENSION SO I REFUSE TO SIGN IT AND MR. ROWE OF DHO REFUSE TO LET ME SEE EXTENSION SO THEREFOR I HAD NO KNOWLEDGE THAT WRONG DATE WAS PLACE ON 21 DAY EXPIRATION DATE (MEMORANDUM) UNTILL AFTER MY DHO HEARING. ALSO I FEEL THAT I (MR. CRAWFORD) IS BEING DIS-CRIMINATED BY BROAD RIVER STAFF, I EXPLAIN TO SGT. J.C, SGT. ANDERSON, CAPT. JONES AND ASSOCIATE WARDEN SUTTON THAT I'M BLIND AND THAT I INCIDENTALLY TOUCH SGT. ANDERSON ARM WHEN SHE WAS SEARCHING. I NEVER SAID ANYTHING VERBALLY WHEN I HIT HER ARM TO MAKE HER ~~THINK~~ THINK THAT I TRIED TO ASSAULT HER, SHE DIDN'T FEAR FOR HER LIFE BECAUSE SHE WORK AROUND ME 3 DAYS LATER AFTER INCIDENT AND SPOKE WITH ME ON SEVERAL OCCASION WITHIN 2 MONTHS I WAS ON YARD AFTER INCIDENT SHE ONLY SAID ANYTHING ABOUT ME TOUCHING HER ARM WHEN I REFUSE TAKE MY BOOTS OFF. I AM BEEN PUNISH FOR BEING HANDICAP! I WAS PLACE ON SMU AND HAVEN'T TAKEN SHOWER IN 72 HOURS BECAUSE BROAD RIVER STAFF REFUSE GIVE ME MY PROPERTY NOR HAVE I TAKEN MY MEDICINE IN OVER 72 HOUR BECAUSE BROAD RIVER MEDICAL AND OFFICER REFUSE ME. I SPOKE WITH (LT. BROUGHTON), (LT. BECKETT), (LT. YOUNG) AND SPOKE WITH ALL NIGHT SHIFT OFFICERS CONCERNING MY PROPERTY AND MEDICINE. I ALSO SPOKE WITH NURSE BEAT WHO INFORM ME THAT LT. SPOKE WITH HIM AND THAT HE WILL LOOK INTO. AND I SPOKE WITH NURSE BROWN I WILL HAVE MY FAMILY CONTACT HEADQUARTERS CONCERNING THESE VIOLATION AND 702 MEDICAL BROAD AND DISABILITY FOR HANDICAP Dexter Crawford 4-31-15

IF THESE CHARGES IS NOT DROP AND RETURN TO YARD.

Grievant Signature _____ Date _____

ACTION REQUESTED: THAT ALL MY CHARGES BE DROP AND RELEASE OFF LOCK-UP ASAP.

ACTION TAKEN BY IGC: PROCESSED UNPROCESSED OTHER



 IGC Signature _____ Date 3/15/15

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SOUTH CAROLINA DEPARTMENT OF CORRECTIONS INCIDENT REPORT

(SUBS) Case # 100-180
MO 0281B
M12

MAR 03 2015

Page 1 of 1

| | | | | |
|---|---------------|-----------|----------|---|
| Institution/Center: <u>BRUCE MATHIS OFFICE I</u> | | | | Date of Report: <u>3.2.15</u> |
| Reporting Official (Full Name): <u>Sgt. M. Anderson</u> | | | | Time of Report: <u>Approx. 7:15 PM</u> |
| Employee ID #: <u>052139</u> | | | | Date of Incident: <u>3.2.15</u> |
| Location of Incident: <u>Cafeteria / Staff dining</u> | | | | Time of Incident: <u>Approx 7:55 PM</u> |
| Inmate(s)/Resident: | SCDC # | Age: | Sex: | Race: |
| 1. <u>Crawford, Dexter</u> | <u>231730</u> | <u>41</u> | <u>M</u> | <u>B</u> |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| Employer(s)/Witnesses Involved: | | | | 1. <u>Gillians, Elizabeth</u> |
| | | | | 2. |
| | | | | 3. |
| | | | | 4. |
| | | | | 5. |

On the above date and approximate time: I Sgt. Anderson was pat/ frisk searching inmate Crawford, Dexter when he pushed my arm away. Upon searching him he had several items from the kitchen on his person in his coat socks and pants. Once he pushed my arm I ended pat/frisk and called for assistance from yard sergeant. ENP

Signature: M. Anderson Title: Sgt.

Evidence:

Disposition of Evidence:

Supervisor's Comments: Forwarded for further action

Printed Name: Perkins, David Date/Time: 3/2/15

Signature: [Signature] Title: LT Date/Time: 7:00 PM

Major/Responsible Authority: 807 Striking Employee

Printed Name: Percy Jones

Signature: [Signature] Title: Captain Date/Time: 3-4-15 2:32 PM

STG Related - Refer to STG Committee
 Yes No Unknown

This incident is DRUG related
 Yes No Unknown

Responsible Authority
 Action Taken
 Informal Resolution
 Administrative Resolution
 Refer to Disciplinary Hearing

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SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM

JUN 17 2015 JUN 15 2015

STEP 2

INMATE NAME: DEXTER CRAWFORD
SCDC NUMBER: 231730
INSTITUTION: BROADRIVER
HOUSING UNIT: MO-214
WORK ASSIGNMENT: DORM

Office Use Only
Grievance No. BCCF-0304-15
Code: General _____
Policy _____
Disc. Hear. #60 807 4/29/15
Class. _____
Date Received _____
IGC Initials _____
7-14-15

INMATE'S REASON FOR APPEAL (state specific dissatisfaction): On the 3.2.15, I was leaving my assigned job in the Cafeteria when Sgt. Anderson stopped me for a frisk search. As Sgt. Anderson began to frisk me, I subjected to the search procedure and raised my arms. As I raised them, I unintentionally bumped the Sgt. arm with my right arm. I am legally blind and cannot adequately see on either side of me. I was charged and convicted of 807 striking a SCDC employee. I never willfully struck or bumped the Sgt. arm. I could barely see her. I was unfairly convicted of 807 in the consideration of my disability circumstances. Also, pursuant to OP-22.14, section 4.2, I never received a copy of when I was entered into the (OMS) system to be formally charged. No date has ever been shown. I never received a copy of the extension being approved by the warden nor the Division of Operations. Since I was placed in sum this case have been unfairly processed. THERE IS NO FIRST RESPONSE REPORT

Dexter Crawford 6-12-15
Grievant Signature Date

RESPONSIBLE OFFICIAL'S DECISION AND REASON:

The documentation provided indicates that the evidence presented was sufficient to support the conviction(s) of Striking an SCDC Employee or other Government Employee, Contract Employee, Volunteer, or Member of the Public (807), Level 2, case#60 on April 29, 2015, under SCDC Policy OP-22:14, Inmate Disciplinary System, dated February 2, 2015, and the sanction(s) imposed, which included the loss of -0- days accrued good time, were appropriate for the rules violation(s). There was no reason found to warrant a reversal of the Disciplinary Hearing Officer's decision. A review of your appeal revealed that you received forty-eight (48) hour notice prior to the hearing, you were afforded due process rights, as required, and the offense was classified and heard in a timely manner.

Therefore, your grievance is denied.

You may appeal this decision under the Administrative Procedures Act to the Administrative Law Court. In order to appeal, you must fill out the attached Notice of Appeal Form and submit it as instructed on the form within 30 days of receipt.

[Signature] 7/14/15
Signature Date

The decision rendered by the responsible official exhausts the appeal process of the Inmate Grievance Procedure. I hereby acknowledge receipt of the official's response and understand this is the Agency's final response to this matter.

Dexter Crawford 7/27/15
Grievant Signature Date

[Signature] 7/22/15
IGC Signature Date

(SEE REVERSE SIDE FOR INSTRUCTIONS)

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

Case#: 60 Inmate Name: Dexter Crawford SCDC#: 231730
 Living Area: MO 0281 B Job: Wardkeeper Custody: M12
 Offense Date: 03 / 02 / 2015 Offense Time: 06:55 AM PM Institution: BRCI

Offense Description:

807. Striking an SCDC Employee or other Government Employee, Contract Employee, Volunteer, or Member of the Public: The willful hitting, striking, or unauthorized touching of an SCDC employee or other government agency employee, contract employee, volunteer, or member of the public with or without a weapon or the throwing of any substance at or on an SCDC employee, other government agency employee, contract employee, or volunteer who is exercising legitimate authority over an inmate, when such hitting, striking, throwing, or unauthorized touching does not cause bodily injury.

**OCT 15 2015
SC Court of Appeals**

Charging Officer/Employee: M. Anderson Title: 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 DO WANT MY ACCUSER PRESENT AT THE HEARING
- I DO NOT WANT MY ACCUSER PRESENT AT THE HEARING
- I WAIVE MY RIGHT TO A HEARING SMU/SEGREGATION ONLY
- I WANT A COUNSEL SUBSTITUTE
- I DO NOT WANT A COUNSEL SUBSTITUTE

C.S. Ms. Becklin

Date & Time Notified: 2 18 15 2:10 AM/PM By (Print): SGT Biacey
 Inmate Signature: Dexter Crawford SCDC#: 231730 Date: 3 18 15

HEARING INFORMATION: *Disciplinary Hearing held on 2/19/15 was appeal on 4/19/15*

| | | | | | |
|------------------------------|----------------------------------|-------|-------|--------|------|
| Hearing Date: <u>2 18 15</u> | Hearing Time: <u>12:00 am/pm</u> | 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.

Disciplinary Hearing, Division of Operations

| | | | | |
|---------------------------|------------|--|--|--|
| OFFENSE CODES | <u>807</u> | | | |
| INMATE PLEA (G, NG, None) | <u>NG</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: *Sgt Anderson testified that he received a formal complaint against Sgt E. Becklin also testified that he is a former star cadet and received a warning Sgt Anderson gave*

HEARING LENGTH: 11.45 (MINUTES)

SANCTIONS:

Loss of Privileges (Days) _____ Reprimand: _____ Loss of Good Time (days): 0
 * Property (Days) _____ Extra Duty: _____ Restitution: \$ _____ **
 * Canteen (Days) 45 + 30 = 75 Visit Suspension Thru 45 + 30 = 75
 * Other ph (Days) 45 + 30 = 75 Cell Restriction (Days): _____
 * Disciplinary Detention (Days): 30

SPECIFIC FACTUAL REASON(S) FOR PARTICULAR PUNISHMENT IMPOSED: *None of the off*

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