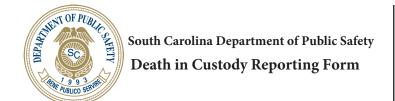


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I. Please provide the following de	cedent information.					
Last Name	First Name		Middle Name			
Date of Birth		_				
/	DD YYYY	Unknown				
Ethnicity			Deceden			
Hispanic, Latino,	Not of Hispanic,	Unknown	(Select all that apply)			
or Spanish origin	Latino, or Spanish origin		Asian	1	Native Hawaiian/Other Pacific Islande	
Gender	ender Male Female Other Gender Identity:		- 	e	American Indian/Alaska Native	
			Unkn	iown	Black/African American	
TT DI LI CHI L C	. 1 1 1 1	0.1.4				
II. Please list the following informa						
Name of Location of Death (if applicable). This could be the name of a facility,					Death	
place of business, or other designation for the location of death.						
					MM DD YYYY	
Street Address				Time of Death (24-hour clock)		
City	State (postal abbreviation	n) Zip		Cause of	f Death	
If the event causing the death occur is causing the death did not occur is					e appropriate facility below. If the ever	
(Mark only one)	i one of the facilities liste	d below, pie	ase use in	e None (of the above answer choice.	
Municipal or county jail	Any state or local contract facility				Other local or state correctional facility	
State-run boot camp prison	Contracted boot camp prison			(to include any juvenile facilities)		
State prison	□ None of the above					
	rtment or agency that incar	rcerated, det	ained, pur	rsued, arı	rested, or was in the process of arrestin	
the deceased.						
Agency Name						
Facility Name (if applicable)						



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IV. Please indicate the manner of death.		
(Mark only one)		
Accident (e.g., traffic accident, non-suicidal drug		attributed to use of force by a law enforcement rections officer
☐ Natural causes ☐ Suicide	Homic incarce	ride (e.g., an incident between two or more erated individuals resulting in a death)
Unavailable, investigation pending Please report the agency conducting the investigation	gation and an approximate end	date:
Other Please explain:		
V. Please provide the narrative of the circumstar to the death, the number and affiliation of any p other context related to the death, etc.).		
VI. Please provide the contact information of the	individual who is submitting	this form.
Name, Title	- ALLES THE STATE OF SECTION OF S	Phone Number
7 (may) 2110		
Agency	Email	
Date	<u>, </u>	