

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA



STATE OF HAWAII | KA MOKU'ĀINA O HAWAI'I  
**DEPARTMENT OF CORRECTIONS  
AND REHABILITATION**  
*Ka 'Oihana Ho'omalu Kalaima  
a Ho'oponopono Ola*  
1177 Alakea Street  
Honolulu, Hawaii 96813  
808-587-1288

**TOMMY JOHNSON**  
DIRECTOR

**Melanie Martin**  
Deputy Director  
Administration

**Pamela J. Sturz**  
Deputy Director  
Correctional Institutions

**Sanna Muñoz**  
Deputy Director  
Rehabilitation Services  
and  
Programs

No. \_\_\_\_\_

June 26, 2024

The Honorable Josh Green, M.D.  
Office of the Governor  
Executive Chambers  
State Capitol, Fifth Floor  
415 S. Beretania Street  
Honolulu, Hawai'i 96813

Dear Governor Green:

Pursuant to Act 234, SLH 2019 (HB 336, HD2, SD2), DCR provides the mandated "reporting of a death" as follows:

**Forty-eight (48) hours reporting.**

<b>NAME</b>	THORNTON, Kent
<b>EMPLOYEE OR INMATE</b>	Inmate
<b>GENDER</b>	Male
<b>AGE</b>	40 - 50 age range
<b>STATE EITHER FACILITY OR HOSPITAL FOR LOCATION OF DEATH/INJURY THAT CAUSED DEATH</b>	Hawai'i Community Correctional Center to Hilo Medical Center.
<b>UNOFFICIAL OR PRONOUNCED DATE, AND TIME AS REPORTED BY EMS, HOSPITAL OR HOSPICE.</b>	Tuesday, June 25, 2024 at approximately 16:18 hours.
<b>CAUSE OF DEATH AS REPORTED BY EMS, HOSPITAL OR HOSPICE</b>	Cause of death was not indicated.
<b>ANY INDICATION OF SEXUAL ASSAULT LEADING TO DEATH</b>	None.

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**Thirty (30) day reporting (date).**

<b>WAS A CLINICAL MORTALITY REVIEW CONDUCTED?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>ANY CORRECTIVE ACTION BASED ON CMR?</b>		

**Report Upon Receipt.**

<b>MEDICAL EXAMINER REPORT RECEIVED, DATE AND THE OFFICIAL CAUSE OF DEATH</b>	DCR received on _____, the report as determined by the Department of the Medical Examiner, STATE INFO.
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According to Act 234, SLH 2019, the DCR Director has the discretion to withhold the disclosure of any information protected from disclosure by state or federal laws.

If you require additional information, please do not hesitate to contact my office at 587-1350.

Sincerely,

*For / [Signature]*  
Tommy Johnson  
Director