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

Deputy Director Correctional Institutions

Sanna Muñoz
Deputy Director
Rehabilitation Services
and
Programs

No.			
140.	 	 	

February 5, 2025

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.

NAME	SCOTTON, ERIC A.
EMPLOYEE OF INMATE	Inmate
GENDER	Male
AGE	30 - 40 age range
STATE EITHER FACILITY OR	Oahu Community Correctional Center
HOSPITAL FOR LOCATION OF	Honolulu, Hawaii
DEATH/INJURY THAT CAUSED	
DEATH	
UNOFFICIAL OR PRONOUNCED	Wednesday, February 5, 2025 at
DATE, AND TIME AS REPORTED BY	approximately 01:55 hours.
EMS, HOSPITAL OR HOSPICE.	
CAUSE OF DEATH AS REPORTED	Cause of death – inmate assaulted by
BY EMS, HOSPITAL OR HOSPICE	another inmate and currently under
	investigation.
ANY INDICATION OF SEXUAL	None.
ASSAULT LEADING TO DEATH	

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Thirty	(30)	day	repor	ting	(date).

WAS A CLINICAL MORTALITY REVIEW CONDUCTED?	□ Yes	□ No	
ANY CORRECTIVE ACTION BASED ON CMR?			

☐ Report Upon Receipt.

MEDICAL EXAMINER REPORT RECEIVED, DATE AND THE OFFICIAL CAUSE OF DEATH	DCR received on, the report as determined by the Department of the Medical Examiner, STATE INFO.

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,

Tommy Johnson

Director