

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

Vacant
Deputy Director
Correctional Institutions

Sanna Muñoz
Deputy Director
Rehabilitation Services
and
Programs

No. _____

September 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	ORTIZ, ANIBAL
EMPLOYEE OF INMATE	Inmate
GENDER	Male
AGE	40 to 50 age range.
STATE EITHER FACILITY OR HOSPITAL FOR LOCATION OF DEATH/INJURY THAT CAUSED DEATH	Northeast New Mexico Correctional Facility, Clayton, New Mexico
UNOFFICIAL OR PRONOUNCED DATE, AND TIME AS REPORTED BY EMS, HOSPITAL OR HOSPICE.	Tuesday, September 2, 2025, at approximately 21:13 hours.
CAUSE OF DEATH AS REPORTED BY EMS, HOSPITAL OR HOSPICE	Cause of death - inmate found unresponsive and currently under investigation.
ANY INDICATION OF SEXUAL ASSAULT LEADING TO DEATH	None.

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

WAS A CLINICAL MORTALITY REVIEW CONDUCTED?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
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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,



Tommy Johnson
Director