

DAVID Y. IGE
GOVERNOR



DEPT. COMM. NO. 414

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

NOLAN P. ESPINDA
DIRECTOR

Maria C. Cook
Deputy Director
Administration

Shari L. Kimoto
Deputy Director
Corrections

Renee R. Sonobe Hong
Deputy Director
Law Enforcement

No. 2020-01

February 26, 2020

The Honorable Ronald D. Kouchi
President and Members of the Senate
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Scott K. Saiki
Speaker and Members of the House
of Representative
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

Pursuant to Act 234, SLH 2019 (HB 336, HD2 SD2), PSD provides the mandated "reporting of a death" on behalf of the Honorable Governor of the State of Hawaii, David Y. Ige.

Sincerely,

A handwritten signature in black ink that reads "Nolan P. Espinda".

Nolan P. Espinda
Director

Enclosures

DAVID Y. IGE
GOVERNOR



DEPT. COMM. NO. 414

NOLAN P. ESPINDA
DIRECTOR

Maria C. Cook
Deputy Director
Administration

Jodie F. Maesaka-Hirata
Deputy Director
Corrections

Renee R. Sonobe Hong
Deputy Director
Law Enforcement

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
919 Ala Moana Boulevard, 4th Floor
Honolulu, Hawaii 96814

No. 2020-01

February 26, 2020

Honorable Governor David Y. Ige
Office of the Governor
Executive Chamber
State Capitol
Honolulu, Hawaii 96813

Dear Governor Ige:

Pursuant to Act 234, SLH 2019 (HB 336, HD2 SD2), PSD provides the mandated "reporting of a death" based on the advice from the Office of the Attorney General as follows:

Forty-eight (48) hours reporting.

NAME	DISCLOSURE LIMITATIONS
EMPLOYEE OR INMATE	Inmate.
GENDER: MALE OR FEMALE	Male.
AGE	80 years.
STATE EITHER FACILITY OR HOSPITAL FOR LOCATION OF DEATH/INJURY	Halawa Correctional Facility.
DATE AND TIME OF DEATH	2/26/2020 at 0525 hours as reported by Hospice staff.
CAUSE OF DEATH	DISCLOSURE LIMITATIONS
ANY INDICATION OF SEXUAL ASSAULT LEADING TO DEATH	No.

Thirty (30) day reporting (CALCULATE DATE).

WAS A CLINICAL MORTALITY REVIEW CONDUCTED?	RESPONSE: YES or NO
---	---------------------

Report Upon Receipt.

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

According to Act 234, SLH 2019, the PSD Director has the discretion to withhold the disclosure of the decedent's name or any information protected from disclosure by state or federal laws.

If you require additional information, please do not hesitate to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Nolan P. Espinda". The signature is fluid and cursive, with a long horizontal stroke at the end.

Nolan P. Espinda
Director

c: Senate President
Speaker of the House of Representatives