KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-1140-CJ	Version Type:	AMENDED
Report Date:	1/29/2020 10:10 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Jefferson County Sheriff's Dept.	Agency Address:	5030 Hwy 69S
Agency City:	Beaumont	Agency State:	TX
Agency Zip:	77705		

Director Information

Director Salutation:	Sheriff	Director First Name:	Zena
Director Middle Name:			
Director Last Name:	Stephens		
Reporter Name:	John Shauberger	Reporter Email:	john.shauberger@jeffersoncountytx.gov

Decedent Information

Identity of Deceased

First Name: Jeremy

Middle Name: Keith

Last Name: Scott

Suffix:

Date of Birth: 6/13/1983 Sex: Male

Race: Black or African American

Age At Time Of Death: 36

Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):

Date/Time of Custody or Incident: 10/15/2019 10:25 PM

Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):

Death Date and Time: 10/22/2019 11:07 PM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: Yes, results are available

What was the manner of death? (select only one)

Manner of Death: Could not be determined

Medical Cause of Death:

Medical Cause of Death:

Multi-organ failure, etiology undetermined. An etiology of the multi-organ failure cannot be definitively determined as to whether this occurred from complications of phencyclidine (PCP) overdose or cardiac problems (accident vs. natural. For this reason this labeled as undetermined as to manner of death.

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Yes

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?: Not applicable

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

Type of weapon that caused death?: Not Applicable

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

Pre existing medical condition?: Could not be determined

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address:	5030 Hwy 69S	City:	Beaumont
County:	Jefferson	Zip:	77705

What location category best describes where the event causing the death occurred?

Location Category:	Law Enforcement Facility

What type of custody/facility was the Decedent in at the time of death:

Type of Custody:	County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:
Jail - single cell

What was the time and date of the deceased's entry into the law enforcement facility where the death occurred (mm/dd/yyyy hh:mm AM/PM):

Entry Date Time:	10/15/2019 10:25 PM

Where did the death occur?

Death Location:	Medical facility

General Information

Did any other law enforcement agencies respond to calls for service related to this incident?

Other Agencies Respond?: No

What were the most serious offense(s) with which the deceased was (or would have been) charged with at the time of death?

Offense 1:

Aggravated Robbery

Offense 2:

Offense 3:

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Violent Crime Against Persons

At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon?

Decedent display/use of weapons: No

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Attempt to Injure Others?: Unknown

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs): Yes

Make suicidal statements?: No

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: No

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Barricade self or initiate standoff?:	No	Resist being handcuffed or arrested?:	Unknown
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	Escape or attempt to escape/flee custody:	No
Attempt gain possession officer's weapon:	No		

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On October 15, 2019 at about 2225 hours inmate Jeremy Scott was booked in to the Jefferson County Correctional Facility for traffic warrants. While being booked in it was apparent that Scott was highly intoxicated on what was believed to be PCP. Scott was housed in a single man cell due to his agitated state. On 10-17-2019 Scott was charged with aggravated robbery. On 10-21-2017 Scott complained of nausea and vomiting and was treated by medical staff. On 10-22-2019 Scott again complained of nausea, vomiting, diarrhea and weakness. On 10-22-2019 at about 1500 hours Scott was moved to the infirmary and placed on a bed in front of the nurses station for observation and medical treatment. At about 2115 hours Scott became unresponsive and emergency CPR was initiated. Scott was transported to Baptist Hospital Emergency Room as CPR continued. Emergency Room Staff continued emergency procedures until Scott was pronounced deceased at 2307 hours on 10-22-2019.