KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-1301-CJ	Version Type:	ORIGINAL VERSION
Report Date:	9/30/2020 12:52 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Smith County Sheriff's Office	Agency Address:	227 N. Spring Ave.
Agency City:	Tyler	Agency State:	TX
Agency Zip:	75702		

Director Information

Director Salutation:	Sheriff	Director First Name:	Larry
Director Middle Name:	R		
Director Last Name:	Smith		
Reporter Name:	William Phariss	Reporter Email:	wphariss@smith-county.com

Decedent Information

Identity of Deceased

First Name: Tommy

Middle Name: Gene

Last Name: Lindsey

Suffix:

Date of Birth: 6/15/1956 Sex: Male

Race: Anglo or White

Age At Time Of Death: 64

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

Date/Time of Custody or Incident: 5/14/2020 3:51 PM

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

Death Date and Time: 6/20/2020 4:47 AM

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: Natural

Medical Cause of Death:

Medical Cause of Death:

Cause of Death: Cardiomegaly ; Contributing Conditions: Cerebral atrophy and fecal impaction

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

Medical Treatment:	No

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:	104 S Spring Ave	City:	Tyler
County:	Smith	Zip:	75702

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:

Entry Date Time N/A: ☑

Where did the death occur?

Death Location: Elsewhere, specify

Death Location Elsewhere:

Smith County Jail - Separation Cell 205

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:	Burglary of Habitation
Offense 2:	
Offense 3:	
Were the Charges::	Not filed at time of death

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

Type of Offense:	Crime Against Property

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?:	No

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

Appear intoxicated (alcohol or drugs):	No	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	Exhibit any medical problems?:	Yes

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?:	No
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	No	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:	No

Summary of Incident

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

Summary:

Inmate Lindsey was housed in separation cell 205 on a special observation notated for his own protection and protection of others. Inmate Lindsey had been housed in separation cell 205 since May 18, 2020. At approximately 0320 hours on June 20, 2020, inmate Lindsey moves from his bunk to the floor. He can be seen moving around shuffling trash from underneath the bunk. At approximately 0423 hours, inmate Lindsey lays naked on his back in a position that the does not get up from. Video footage shows further movement of the mouth/head area. At approximately 0441 hours, jail staff perform an observation and find inmate Lindsey unresponsive. Jail staff call for medical assistance. Jail medical staff arrive first followed by EMS. Neither were able to resuscitate inmate Lindsey.