KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-1777-CJ	Version Type:	ORIGINAL VERSION
Report Date:	12/10/2020 1:16 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Tarrant County Sheriff's Dept.	Agency Address:	200 Taylor St., Plaza Bldg. 7th Floor
Agency City:	Fort Worth	Agency State:	TX
Agency Zip:	76196		

Director Information

Director Salutation:	Sheriff	Director First Name:	Bill
Director Middle Name:			
Director Last Name:	Waybourn		
Reporter Name:	Charles Brogdon	Reporter Email:	cgbrogdon@tarrantcounty.com

Decedent Information

Identity of Deceased

First Name: Dextouri

Middle Name: Loaymayant

Last Name: Williams

Suffix:

Date of Birth: 3/10/1972

Sex: Male

Race: Black or African American

Age At Time Of Death: 48

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

Date/Time of Custody or Incident: 5/26/2020 1:40 PM

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

Death Date and Time: 12/9/2020 1:30 PM

Manner / Cause of Death

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

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

COVID 19, Pulmonary Hypotension

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?: Deceased developed condition after admission

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: 1500 S. Main Street
City: Fort Worth
County: Tarrant
Zip: 76104

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

Location Category: Other, specify

Other Location Category:

County Hospital, John Peter Smith Hospital

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:

Hospital/Infirmary

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: 5/26/2020 1:40 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:

Manufacturing/Delivery of Controlled Substance, 1-4 grams. Penalty Group 1

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: Alcohol / drug offense

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?: No

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?:	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Leg Shackles

Summary of Incident

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

Summary:

Dextouri L. Williams (Black/Male, DOB 03/10/1972, TCSO CID# 0525812, SS# 455-57-9772, TX DL# 18807987) was pronounced deceased at 13:30 hrs. on Wednesday, December 9, 2020 by Dr. Daniel Casey at the county hospital, John Peter Smith Hospital (JPSH). Dr. Casey advised that he would be signing the death certificate which means there will be no medical examiner autopsy. The death is related to COVID-19. Williams was booked into the Tarrant County Jail on 05-26-2020 at 13:40 hrs. by the Arlington Police Department on a charge of Delivery/Manufacturing a Controlled Substance, 1-4 grams, in Penalty Group 1. His case was filed with the Tarrant County District Attorney and assigned to the 297th District Court. Williams was transferred to the John Peter Smith Hospital by TCSO Jail medical staff on 11-28-2020 at 1849 hrs. for pulmonary tension and hypo-tension related to COVID-19.