KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 21-309-CJ | Version Type: | AMENDED |
| Report Date: | 9/13/2021 3:39 PM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Polk County Sheriff's Dept. | Agency Address: | 1733 N. Washington |
| Agency City: | Livingston | Agency State: | TX |
| Agency Zip: | 77351 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Chief Deputy | Director First Name: | Byron |
| Director Middle Name: | A | | |
| Director Last Name: | Lyons | | |
| Reporter Name: | DAVID SOTTOSANTI | Reporter Email: | dsottosanti@polkcountyso.net |

## Decedent Information

### Identity of Deceased

First Name: ALICE

Middle Name: NELL

Last Name: WALKER

Suffix:

Date of Birth: 7/27/1959

Sex: Female

Race: Black or African American

Age At Time Of Death: 61

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

Date/Time of Custody or Incident: 3/5/2021 7:04 AM

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

Death Date and Time: 3/16/2021 4:00 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: Natural

## Medical Cause of Death:

Medical Cause of Death:

Hypertensive cardiovascular disease complicated by seizure disorder (idiopathic).

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

Medical Treatment: Unknown

## 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: Unknown

# Location / Custody Information

## Where did the event causing the death occur?

| | | | |
|---|---|---|---|
| Street Address: | 23330 US HWY 59 N | City: | KINGWOOD |
| County: | Montgomery | Zip: | 77339 |

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

Location Category: Other, specify

Other Location Category:

KINGWOOD 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:

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: 3/5/2021 7:04 AM

### 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?: Yes

## 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:

CRIMINAL TRESPASS

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: 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): | Unknown | Make suicidal statements?: | No |
| Exhibit any mental health problems?: | Yes | 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: | No |

## Summary of Incident

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

Summary:

On March 5, 2021, Mrs. Walker was released from the CHI St. Luke's Livingston Hospital and refused to leave. The hospital contacted the Livingston Police Department, who arrested her for criminal trespass.

Mrs. Walker was transported to the Polk County Jail with a medical clearance from the Livingston Hospital. On March 6, 2021, at approximately 0530 hours, a jailer noticed that Mrs. Walker was in need of medical attention. EMS responded and transported her to the Livingston Hospital and was subsequently transferred to Kingwood Hospital, in Montgomery County, where she passed away, on March 16, 2021.

Mrs. Walker had been given a PR Bond prior to her leaving the Polk County Jail, in which she did not sign due to being transported by EMS. Mrs. Walker was alert, coherent and talking to EMS while being transported.

**** Autopsy Results added/updated to this report on 9/13/2021.