KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1825-CJ	Version Type:	AMENDED
Report Date:	9/24/2024 8:58 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Lubbock County Sheriff's Office	Agency Address:	PO BOX 10536
Agency City:	Lubbock	Agency State:	TX
Agency Zip:	79408		

Director Information

Director Salutation:	Sheriff	Director First Name:	Kelly
Director Middle Name:	S		
Director Last Name:	Rowe		
Reporter Name:	Ryan Braus	Reporter Email:	rbraus@lubbockcounty.gov

Decedent Information

Identity of Deceased

First Name: Shawn

Middle Name:

Last Name: Perkins

Suffix:

Date of Birth: 10/23/1977 Sex: Male

Race: Anglo or White

Age At Time Of Death: 46

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

Date/Time of Custody or Incident: 10/10/2023 9:04 AM

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

Death Date and Time: 10/27/2023 5:19 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:

Acute Hypoxemic Respiratory Failure
Sepsis

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:	3502 N. Holly Ave	City:	Lubbock
County:	Lubbock	Zip:	79403

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 - multiple occupancy 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:	10/10/2023 9:04 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:

Possession of Controlled Substance Pentalty Group 1 / 1-B>4G<200G 481.115(d)

Offense 2:

Unlawful Possession of a firearm by felon 46.04(a)

Offense 3:

Theft of a firearm

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: Alcohol / drug offense; Other, specify; Crime Against Property

Type of Offense, Other:

Federal Hold

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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Other device, specify
Other device, specify:	One leg restraint was attached to the hospital bed and one cuff applied to the inmate.

Summary of Incident

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

Summary:

On October 14, 2023, at 1948, Inmate Shawn Perkins, Date of Birth 10/23/1977, collapsed in a multioccupancy cell. He received medical care and Emergency Medical Services (EMS) responded. Inmate Perkins was transported to University Medical Center and received ongoing treatment for an unknown medical condition. Inmate Perkins was pronounced deceased at 1719 on October 27, 2023.

The Lubbock Metropolitan Special Crimes Unit was notified and will conduct the investigation.