KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-1484-CJ	Version Type:	ORIGINAL VERSION
Report Date:	10/27/2024 3:35 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Henderson County Sheriff's Dept.	Agency Address:	206-A N. Murchison
Agency City:	Athens	Agency State:	TX
Agency Zip:	75751		

Director Information

Director Salutation:	Sheriff	Director First Name:	Botie
Director Middle Name:			
Director Last Name:	Hillhouse		
Reporter Name:	David Faught	Reporter Email:	dfaught@henderson-county.com

Decedent Information

Identity of Deceased

First Name: Brian

Middle Name: Allen

Last Name: Walters

Suffix:

Date of Birth: 7/6/1976 Sex: Male

Race: Anglo or White

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: 9/29/2024 8:30 AM

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

Death Date and Time: 9/29/2024 9:39 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:

HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE
A. History of hypertension
B. Cardiomegaly, 475 grams
1. Left ventricular hypertrophy, 1.6 cm
C. Severe coronary artery atherosclerosis
1. Left anterior descending coronary artery with near complete occlusion
2. Right coronary artery with 75% occlusion
D. Moderate atherosclerosis of the left circumflex coronary artery with 60% occlusion
E. Mild atherosclerosis of the left main coronary artery with 25% occlusion
F. Remote infarction of the left ventricle
G. Mild atherosclerosis of the aorta
H. Mild to moderate atherosclerosis of the major cerebral arteries
I. Bilateral granular renal cortices

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?: Pre-existing medical condition

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:	206 A. North Murchison	City:	Athens
County:	Henderson	Zip:	75758

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:	5/15/2024 4:44 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?: 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 PG1 1G<4G

Offense 2:

Tampering with Evidence

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?:	Unknown
Exhibit any mental health problems?:	Unknown	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:

During AM med pass Inmate Walters was located on the floor in his housing area. Detention Officers called for an ambulance and began life saving measures with medical staff inside the facility. UT Health-Athens ambulance arrived and transported Inmate Walters to the local Emergency Room. Inmate Walters was pronounced deceased at 9:39 A.M and Texas Ranger Josh Jenkins responded to conduct an in custody death investigation. Preliminary Autopsy results lists HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE and states there is no sign of internal trauma. The autopsy results are pending at this time waiting on toxicology.