KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-833-CJ	Version Type:	ORIGINAL VERSION
Report Date:	10/15/2025 9:37 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Dallas County Sheriff's Dept.	Agency Address:	133 N. Riverfront Blvd.
Agency City:	Dallas	Agency State:	TX
Agency Zip:	75207		

Director Information

Director Salutation:	Sheriff	Director First Name:	Marian
Director Middle Name:			
Director Last Name:	Brown		

Reporter Name:	Youashavion Williams	Reporter Email:	youashavion.williams@dallascounty.org

Decedent Information

Identity of Deceased

First Name: Adanielle

Middle Name: Kenyon

Last Name: McGill

Suffix:

Date of Birth: 4/6/1978

Sex: Male

Race: Black or African American

Age At Time Of Death: 47

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

Date/Time of Custody or Incident: 9/12/2025 7:19 AM

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

Death Date and Time: 9/20/2025 1:36 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:	Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:
Pending External Review

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?:	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:	111 W. Commerce Street	City:	Dallas
County:	Dallas	Zip:	75207

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:	9/13/2025 5:53 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

Offense 2:

Insufficient Bond - Man Del Controlled Substance

Offense 3:

Insufficient Bond - Possession of Controlled Substance

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):	Unknown	Make suicidal statements?:	Unknown
Exhibit any mental health problems?:	Unknown	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 September 20, 2025, at approximately 12:24pm, Dallas County Sheriff Office North Tower Jail Detention staff was alerted of a medical emergency in inmate housing unit 3East5 of an unresponsive inmate. Inmate was identified by his Dallas County issued identification card as McGill, Adanielle Kenyon B/M 04/06/1978 BNO# 25041379 (Decedent). Parkland Health Jail staff arrived at the location and began chest compressions on McGill until Dallas Fire Rescue (DFR) Unit #1 arrived. At approximately 1:16pm McGill was transported by DFR to Parkland Memorial Hospital. At approximately 1:36pm, Dr. Kim Rachel pronounced McGill deceased.

Manner and Cause of Death are pending the external review by Dallas County Medical Examiner's Office

Youashavion Williams #936
Lieutenant
Dallas County Sheriff Office