KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-679-CJ	Version Type:	ORIGINAL VERSION
Report Date:	8/27/2026 1:23 PM	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: Decaress

Middle Name: Deion

Last Name: Johnson

Suffix:

Date of Birth: 6/25/1981

Sex: Male

Race: Black or African American

Age At Time Of Death: 45

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

Date/Time of Custody or Incident: 4/2/2026 2:00 AM

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

Death Date and Time: 8/20/2026 8:29 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 pending

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

Pending autopsy

Manner of Death: results

Medical Cause of Death:

Medical Cause of Death:

Pending External Examination

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?: Could not be determined

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:	5200 Harry Hines Blvd.	City:	Dallas
County:	Dallas	Zip:	75235

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

Location Category: Other, specify

Other Location Category:

Parkland Memorial 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: 4/21/2026 11:11 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?: 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:

AGG SEXUAL ASSAULT CHILD

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: Crimes Against Child(ren)

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?:	Unknown

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:

On April 2, 2026, at approximately 2:00 a.m, Decaress Deion Johnson BM 06/25/1981 (Decedent) was booked in to Dallas County Jail under booking number 26015119, by Dallas County Sheriff Office for violation of conditions of bond on Aggravated Sexual Assault of a Child (F2276193I). Decedent was originally charged and arrested by Dallas Police Department on July 17, 2022, under service number 123042-2022.

Johnson was housed at Gill-Hernandez Medical Tank in GH G-SC13. On April 21, 2026, at approximately 11:10am, Johnson was transported to Parkland Memorial Hospital for further medical evaluation.

On August 20, 2026, at approximately 8:29am, Johnson was pronounced deceased by Dr. V. Seshadri MD. No autopsy was conducted. Dallas County Medical Examiner's Office elected to conduct an external examination due to extensive medical history. Official medical results are pending.

Dallas County Sheriff's Office Service Number: 26-056409
Dallas County Medical Office Number: IFS- 26-13562