KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 26-759-CJ | Version Type: | ORIGINAL VERSION |
| Report Date: | 9/28/2026 9:43 AM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Gregg County Sheriff's Dept. | Agency Address: | 101 E. Methvin, Suite 559 |
| Agency City: | Longview | Agency State: | TX |
| Agency Zip: | 75601 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Maxey |
| Director Middle Name: | | | |
| Director Last Name: | Cerliano | | |
| Reporter Name: | Jeff Callaway | Reporter Email: | jcallaway@greggcounty.texas.gov |

## Decedent Information

### Identity of Deceased

First Name: Sherena

Middle Name: Shuntee

Last Name: Tennison

Suffix:

Date of Birth: 8/12/1987

Sex: Female

Race: Black or African American

Age At Time Of Death: 39

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

Date/Time of Custody or Incident: 8/23/2026 4:16 PM

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

Death Date and Time: 9/27/2026 10:33 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 pending

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

Manner of Death: Natural

## Medical Cause of Death:

Medical Cause of Death:

Cerebral Hypoxia

## 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: | 101 East Methvin Street | City: | Longview |
| County: | Gregg | Zip: | 75601 |

### 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):

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|---|---|
| Entry Date Time: | 8/23/2026 4:16 PM |

### Where did the death occur?

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|---|---|
| Death Location: | Medical facility |

## General Information

### Did any other law enforcement agencies respond to calls for service related to this incident?

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|---|---|
| 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:

Parole Revocation - TDCJ

Offense 2:

NA

Offense 3:

NA

Were the Charges:: A probation/parole violation

## What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Other, specify

Type of Offense, Other:

Traffic stop by TX DPS / warrant check found outstanding Parole Warrant. No other charges filed other than a traffic citation for No DL

## 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: | No |

## Summary of Incident

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

Summary:

Inmate: Sherena Tennison SO#: 138002
Date of Initial Medical Emergency: September 16, 2026
Approximate Time of Medical Emergency: 0036 hours
Facility: Gregg County North Jail Facility
Date of Death: September 27, 2026
Approximate Time of Death: 10:33 p.m.

On September 16, 2026, at approximately 0036 hours, detention staff and medical personnel responded to the housing area after Inmate Sherena Tennison reported that she felt as though she was going to pass out and requested a breathing treatment.
Tennison was escorted to the medical unit, where medical personnel initiated a nebulizer breathing treatment. Prior to treatment, her oxygen saturation (SpO) was recorded at 54 percent, with a pulse of 72 beats per minute. During the course of treatment, her vital signs were recorded as blood pressure 122/71, SpO 90 percent, and pulse 84 beats per minute.
Tennison subsequently became unresponsive and was found to have no detectable pulse or respirations. CPR was initiated immediately, and emergency medical services were contacted. An automated external defibrillator (AED) was applied, and CPR was continued until EMS personnel arrived.
EMS assumed care and continued resuscitation efforts. Tennison was transported to CHRISTUS Good Shepherd Medical Center Emergency Room, where she was admitted and placed on a ventilator to assist with her breathing.
Tennison remained unconscious and dependent on the ventilator until September 27, 2026, when her family made the decision to remove her from life support. Tennison stopped breathing at approximately 10:33 p.m. that same day.
Judge Tim Bryan conducted the inquest. The Texas Rangers were notified and are investigating the

circumstances surrounding Tennison's death. An autopsy was ordered and will be performed at the Southwest Institute of Forensic Sciences in Dallas.
The results of the autopsy and any additional investigative findings will be provided as they become available.