KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16222CJ	Report Date:	5/20/2016 12:00 AM
Status:	Submitted		

Agency/Facility Information

Department ID:	900	Department Type:	SHERIFF
Agency Name:	Walker County Sheriff\'s Dept.	Agency Number:	TX2360000
Agency Phone:	9364352400	Agency Address:	717 FM 2821 West Suite 500
Agency City:	Huntsville	Agency County:	Walker
Agency State:	TX	Agency Zip:	77320

Director Information

Director Salutation:

Sheriff

Director First Name:

Clint

Director Middle Name:

R.

Director Last Name:

McRae

Reporter Name: Keith DeHart Reporter Email: kdehart@co.walker.tx.us

Location / Custody Information

Where did the event causing the death occur?

Street Address: 655 FM 2821

City: Huntsville

County: Walker

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

Custody Type Facility:

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: 4/26/2016 7:55 PM

Where did the death occur?

Death Location: At medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Symone

Middle Name: Nicole

Last Name: Marshall

Suffix:

Date of Birth: 7/13/1993 Sex: Female

Ethnicity: African-American

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

Death Date and Time: 5/10/2016 5:25 PM

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

Date/Time of Custody or Incident:

4/26/2016 7:55 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 Causes/Illness

Manner of Death Description:

autopsy pending

Death Reason:

Medical condition only (e.g. heart attack)

Medical Cause of Death:

Medical Cause of Death:

Still pending by medical examiner

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:

No

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?:

Not applicable; cause of death was suicide, intoxication or illness/natural causes

Death Causer Other:

If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

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?:

Don\'t know

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:

Not applicable; cause of death was intoxication or illness/natural causes

General Information

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 controlled substance PG1

Offense 2:

Possession controlled substance PG3

Offense 3:

Were the Charges::

Filed

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by NA

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs):	No	Exhibit any mental health problems?:	
Exhibit any medical problems?:			

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Threaten the officer(s) involved:	No	Resist being handcuffed or arrested?:	No
Try to escape/flee from custody:	No	Grab, hit or fight with the officer(s):	No

Other Behavior:

Specify Other Behavior:

Use weapon threaten/assault officer(s):	0

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 May 10, 2016, at 15:45 the control room received an intercom call from POD E-4 advising that inmate Marshall, Symone was having a convulsion. At 15:56 Jail Nurse Chapa and Detention Officer Lolley arrived in E-4, where they found Marshall non-responsive. Marshall was wheeled to medical in a wheel chair, where Nurse Chapa advised that she was detecting a slight pulse, still unresponsive and called for Walker County EMS.

Upon the arrival of EMS, they attached a monitor and observed that Marshall's pulse was very weak and started to administer CPR, Marshall was then transportd to Hunstsville Memorial Hospital by EMS, with Detention Officer Lolley accompaning.

Once at the emergency room medical staff obtained a pulse but it stopped eventually and they administered CPR again. The jail was notified at 17:25 that Marshall had passed.