KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16230CJ	Report Date:	6/6/2016 10:16 AM
Status:	Submitted		

Agency/Facility Information

Department ID:	65	Department Type:	SHERIFF
Agency Name:	Bexar County Sheriff's Dept.	Agency Number:	TX0150000
Agency Phone:	2103356010	Agency Address:	200 N. Comal
Agency City:	San Antonio	Agency County:	Bexar
Agency State:	TX	Agency Zip:	78207

Director Information

Director Salutation:

Sheriff

Director First Name:

Susan

Director Middle Name:

Director Last Name:

Pamerleau

Reporter Name:	Rose De Los Santos	Reporter Email:	rose.delossantos@bexar.org

Location / Custody Information

Where did the event causing the death occur?

Street Address: 4502 Medical Dr

City: San Antonio

County: Bexar

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:

Entry Date Time N/A: ✓

Where did the death occur?

Death Location: At medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Roger

Middle Name: Anthony

Last Name: Blackwell

Suffix:

Date of Birth: 12/13/1966 Sex: Male

Ethnicity: African-American

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

Death Date and Time: 5/22/2016 8:34 PM

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

Date/Time of Custody or Incident:

4/13/2016 1:51 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:

Natural Causes/Illness

Manner of Death Description:

Hemorrhagic infarct of brain

Death Reason:

Medical condition only (e.g. heart attack)

Medical Cause of Death:

Medical Cause of Death:

Hemorrhagic infarct of brain

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

Medical Treatment:

Yes

Medical Treatment Description:

4/13 Medically screened, placed on meds and b/p checks. 4/15 & 4/17 refused B/P check. 4/25 Health Assessment. 4/25 Refused B/P check. 5/6 provider visit. 5/8 Refused B/P check and low sodium diet. 5/9 Provider visit. 5/9 & 5/13 Refused B/P checks. Medications in jail Levathyraxine 125 mg once daily; Metaprolol tartrate 25 mg bid; Furosemide 20 mg once daily; Ibuprofen 800 mg bid PRN; Tramadol 100 mg bid PRN.

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?:

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 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:

Poss Controlled Substance PG1 1-4 grams

Offense 2:

Parole Violation

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 5/16/16, Inmate was observed vomiting in his Living Unit bunk. Medical personnel was called to the Unit. Inmate was transported to the University Hospital. On 5/22/16 @ 8:05 pm,Inmatewas removed fromlife support by Dr. Mahr, Rob, per the family's decision. Inmate was pronounced deceased on 5/22/16 @ 8:34 pm.