KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16290CJ	Report Date:	7/8/2016 5:43 PM
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:	De Los Santos, Rose	Reporter Email:	rose.delossantos@bexar.org

Location / Custody Information

Where did the event causing the death occur?

Street Address: 200 N. Comal

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 - single 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: 6/9/2016 9:19 PM

Where did the death occur?

Death Location: At law enforcement facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Demone

Middle Name:

Last Name: Satberry

Suffix:

Date of Birth: 5/21/1975 Sex: Male

Ethnicity: African-American

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

Death Date and Time: 7/6/2016 4:27 AM

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

Date/Time of Custody or Incident:

6/9/2016 9:19 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:

complications of a severe cardiomyopathy with congestive heart failure

Death Reason:

Medical condition only (e.g. heart attack)

Medical Cause of Death:

Medical Cause of Death:

complications of a severe cardiomyopathy with congestive heart failure

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:

Deceased was receiving treatment for the following medical conditions:

Treatment/Medications:

Metalizone 2.5 mg every 3 days

Lisinopril 2.5 mg daily

Digoxin .25 mg daily

Aspirin 81 mg daily

Furosemide 60 mg bid

Carvedilol 3.125 mg bid

Lasix 80 mg bid

Lactulose 15 ml bid

Tylenol 650 mg tid PRN for pain

Low sodium diet

Blood Pressure Checks

Compliance:

Compliance with medications was not consistent

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:

Parole Violation

Offense 2:

Possess CS PG 1 less than 1g

Offense 3:

Were the Charges::

Probation/Parole

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:

Inmate was found unresponsive in the Medical Unit Cell by the Unit Officer. Infirmary Nurse attempted CPR until EMS arrived. Inmate was pronounced deceased at 0427 hrs.