KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16327CJ	Report Date:	7/29/2016 12:13 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:	Rose De Los Santos	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 - 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: 9/10/2013 2:41 AM

Where did the death occur?

Death Location: At law enforcement facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Melvin

Middle Name: Eugene

Last Name: McKinney

Suffix: Jr.

Date of Birth: 8/25/1975 Sex: Male

Ethnicity: African-American

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

Death Date and Time: 7/22/2016 7:24 AM

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

Date/Time of Custody or Incident:

9/9/2013 7:52 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 are available

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

Manner of Death:

Suicide

Manner of Death Description:

Death Reason:

Not applicable

Medical Cause of Death:

Medical Cause of Death:

Hanging

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

Medical Treatment:

Not Applicable

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?:

Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

Means of Death:

Hanging, strangulation

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:

Agg Assault Against Public Servant

Offense 2:

Felon Possession Fire arm

Offense 3:

Possession w/Intent Deliver CS PG1 over 400g

Were the Charges::

Filed

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by Suicide

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 his cell,hanging from a self-made noose tied to the air vent. Unit officer initiated necessary procedures. Attempts to revive the inmate were unsuccessful.