



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 17-66-CJ

Version Type: AMENDED

Report Date: 2/20/2017 11:21
AM

Status: Submitted

Agency/Facility Information

Agency Name: Brazoria County
Sheriff's Office

Agency Address: 3602 County Road
45

Agency City: Angleton

Agency State: TX

Agency Zip: 77515

Director Information

Director Salutation: Sheriff

Director First Name: Charles

Director Middle Name: S

Director Last Name: Wagner

Reporter Name: Andrew Kerstens

Reporter Email: andrewk@brazoria-county.com

Decedent Information

Identity of Deceased

First Name: Emmanuel

Middle Name:

Last Name: Marshall

Suffix:

Date of Birth: 10/6/1994

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 22

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

Date/Time of Custody or 2/15/2017 12:05
Incident: PM

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

Death Date and Time: 2/18/2017 7:19 PM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Yes, results are
Evaluation?: available

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

Manner of Death: Suicide

Medical Cause of Death:

Medical Cause of Death:

Asphyxiation by hanging

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?: Decedent

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?: Other Weapon, specify:

Other weapon, specify:

Cloth mattress cover

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

Location / Custody Information

Where did the event causing the death occur?

Street Address: 3602 County Road
45

City: Angleton

County: Brazoria

Zip: 77515

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 - single 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):

Entry Date Time: 2/16/2017 1:52 PM

Where did the death occur?

Death Location: Medical facility

General Information

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

Other Agencies Respond?: No

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:

Theft of property <\$2500 with 2/more previous convictions

Offense 2:

Offense 3:

Were the Charges:: Filed

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

Type of Offense: Crime Against
Property

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?: No

Exhibit any medical problems?: No

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:

Decedent was housed, by himself, in single person housing unit and was monitored on approximately twenty minute intervals. Decedent removed strips of cloth from his bath towel and tied the strips to a metal wire ceiling vent forming loops of the cloth. Decedent placed his cloth mattress cover through the loops and tied the mattress cover to the cloth loops. Decedent stood on the fixed table seat, located under the vent, and placed the mattress cover around his neck area. Decedent tied the mattress cover around his neck and hung himself by the neck. Decedent was observed hanging by the neck by Detention Center personnel and was moved to the floor for medical care to begin. Decedent was transported to a hospital in Angleton, Texas then transferred to a hospital in Galveston, Texas for further treatment. Decedent died while at the Galveston, Texas hospital.