



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 20-1179-CJ

Version Type: AMENDED

Report Date: 10/13/2020 7:59
AM

Status: Submitted

Agency/Facility Information

Agency Name: Grayson County
Sheriff's Dept.

Agency Address: 200 S. Crockett

Agency City: Sherman

Agency State: TX

Agency Zip: 75090

Director Information

Director Salutation: Sheriff

Director First Name: Thomas

Director Middle Name: E.

Director Last Name: Watt

Reporter Name: Harvey
Smitherman

Reporter Email: smithermanh@co.grayson.tx.us

Decedent Information

Identity of Deceased

First Name: Alyxzandria

Middle Name: Elizabeth

Last Name: Smatana

Suffix:

Date of Birth: 4/22/1991

Sex: Female

Race: Anglo or White

Age At Time Of Death: 29

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

Date/Time of Custody or 8/18/2020 10:50
Incident: AM

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

Death Date and Time: 8/21/2020 12:36
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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Toxic effects of opiates and methamphetamine

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

Medical Treatment: Unknown

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

Who caused the death?: Not applicable

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?: 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 illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address: 500 North Highland

City: Sherman

County: Grayson

Zip: 75090

What location category best describes where the event causing the death occurred?

Location Category: Other, specify

Other Location Category:

Hospital - Wilson N Jones

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

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: 8/18/2020 10:50
AM

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?: Yes

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. CS PG1<1G

Offense 2:

Offense 3:

Were the Charges:: Not filed at time of death

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

Type of Offense: Alcohol / drug offense

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?: Yes

Exhibit any medical problems?: Yes

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:

On 08/18/2020, Alyxzandria Elizabeth Smatana (Inmate) was booked into the Grayson County Detention Facility (GCDF) after she was arrested for possession of a controlled substance in penalty group one, under one gram (heroin).

On 08/19/2020, at approximately 2:05 PM, Inmate Smatana began to displayed seizure-like symptoms in her cell. Medical staff performed first-aid measures until Sherman Emergency Medical Services (EMS) transported her to the Wilson N. Jones Regional Medical Center emergency room.

On 08/21/2020 at 12:36 PM, Inmate Smatana was pronounced deceased at Wilson N. Jones Regional Medical Center by Justice of the Peace Atherton. The Southwestern Institute of Forensic Sciences in Dallas conducted an autopsy, and the results are pending. The investigation by the Texas Rangers is ongoing into the in-custody death of Inmate Smatana.

On 10/09/2020, the final autopsy report was received, and the results indicated Inmate Smatana died from the toxic effects of opiates and methamphetamine. The medical examiner ruled her death as being accidental