



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 21-1779-CJ

Version Type: ORIGINAL
VERSION

Report Date: 6/10/2024 3:32 PM

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: Brian Ford

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

Decedent Information

Identity of Deceased

First Name: Brit

Middle Name: Moris

Last Name: Jones

Suffix:

Date of Birth: 11/4/1966

Sex: Male

Race: Black or African
American

Age At Time Of Death: 54

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

Date/Time of Custody or Incident: 1/21/2021 10:13
AM

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

Death Date and Time: 8/24/2021 12:45
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

Medical Cause of Death:

Medical Cause of Death:

Complications of Covid-19 Infection including pneumonia. Other significant contributing factors: Diabetes mellitus, hypertensive cardiovascular disease.

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

Medical Treatment: Yes

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: 200 S. Crockett St

City: Sherman

County: Grayson

Zip: 75090

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: 1/21/2021 10:13
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:

Parole Violator

Offense 2:

Criminal Trespass Habitation

Offense 3:

Criminal Trespass Habitation

Were the Charges:: Filed

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

Type of 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): Unknown

Make suicidal statements?: Unknown

Exhibit any mental health
problems?: Yes

Exhibit any medical problems?: Unknown

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?:	Unknown
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:

Inmate Jones was in our custody since 1/21/2021. Jones is diabetic. Medical was monitoring him due to him receiving medication in our facility. Jones reported to medical that he was not feeling well on 8/12/2021. Jones was started on medication to reduce a fever and cold/covid type symptoms. He was being monitored multiple times a day by our medical staff and medications were being administered until 8/15/21 when he was transferred via ambulance to Texoma Medical Center for Covid type symptoms. He was tested at the hospital with a positive result. Jones was treated at Texoma Medical Center and continued to decline until he was pronounced deceased by Dr. Jofri on 08/24/2021 at 1245 am.