



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-482-CJ

Version Type: AMENDED

Report Date: 9/2/2022 2:24 PM

Status: Submitted

Agency/Facility Information

Agency Name: Bell County Sheriff's
Dept.

Agency Address: 104 S. Main

Agency City: Belton

Agency State: TX

Agency Zip: 76513

Director Information

Director Salutation: Sheriff

Director First Name: Eddy

Director Middle Name:

Director Last Name: Lange

Reporter Name: Shane Sowell

Reporter Email: shane.sowell@bellcounty.texas.gov

Decedent Information

Identity of Deceased

First Name: Julia

Middle Name: Leanne

Last Name: Mallet

Suffix:

Date of Birth: 10/4/1986

Sex: Female

Race: Black or African
American

Age At Time Of Death: 35

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

Date/Time of Custody or
Incident: 3/14/2022 6:37 AM

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

Death Date and Time: 3/16/2022 12:24
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: Alcohol/Drug
Intoxication

Medical Cause of Death:

Medical Cause of Death:

Toxic effects of cocaine and methamphetamine

Manner of Death: Accident

Examining Pathologist : Jeffrey Barnard, M.D.

Case: IFS-22-05667-CC

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?: 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: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address: 2401 S 31 St

City: Temple

County: Bell

Zip: 76508

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

Location Category: Other, specify

Other Location Category:

Under Investigation

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:

Hospital/Infirmary

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: 3/14/2022 7:08 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?: 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:

Motion to Revoke on Fraud use/poss of identifying information <5

Offense 2:

Offense 3:

Were the Charges:: A probation/parole violation

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

Type of Offense: Other, specify

Type of Offense, Other:

Against a person

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): Yes

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:

On March 14, 2022 Julia Mallet was brought in by DPS Trooper for warrant out of Coryell County at approximately 7:08 am. Mallet was medically screened and accepted, placed in holding celling. At approximately 08:20 am Mallet was found gasping for air and a medical emergency was called. CPR was initiated and EMS called. Mallet was transported by EMS to Scott and White hospital. Coryell County released their hold on Mallet and Deputies left the hospital. On March 16, 2022 at 12:24 pm Mallet was pronounced deceased and an autopsy was ordered.

Autopsy was performed and the cause of death is:
Toxic effects of cocaine and methamphetamine
Manner of Death: Accident

Examining Pathologist: Jeffery Barnard, M.D.
Case: IFS-22-05667-CC

