KEN PAXTON
ATTORNEY GENERAL of TEXAS

**CUSTODIAL DEATH REPORT**

# Agency Information

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|---|---|---|---|
| CDR Number: | 25-417-CJ | Version Type: | AMENDED |
| Report Date: | 6/3/2025 8:31 PM | Status: | Submitted |

## Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Collin County Sheriff's Office | Agency Address: | 4300 Community Ave. |
| Agency City: | McKinney | Agency State: | TX |
| Agency Zip: | 75071 | | |

## Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | James |
| Director Middle Name: | | | |
| Director Last Name: | Skinner | | |
| Reporter Name: | Jay Reim | Reporter Email: | jreim@co.collin.tx.us |

# Decedent Information

## Identity of Deceased

First Name: Mario

Middle Name:

Last Name: Marchigiano

Suffix:

Date of Birth: 5/20/1971 Sex: Male

Race: Anglo or White

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: 5/28/2025 11:12 PM

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

Death Date and Time: 5/28/2025 11:49 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: Suicide

## Medical Cause of Death:

Medical Cause of Death:

Marchigiano died as a result of 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?: 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

# Location / Custody Information

### Where did the event causing the death occur?

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|---|---|---|---|
| Street Address: | 4300-A Community Ave | City: | McKinney |
| County: | Collin | Zip: | 75071 |

### 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:

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|---|---|
| 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):

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|---|---|
| Entry Date Time: | 4/11/2025 10:13 AM |

### Where did the death occur?

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|---|---|
| Death Location: | Law enforcement facility/booking center |

## 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:

Sexual Abuse of a Child Continuous Victim under 14 years of age

Offense 2:

Sexual Assault of a Child x2

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: Crimes Against Child(ren)

## 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?: Yes

Exhibit any mental health problems?: Yes

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: | Yes | | |

### 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 05/28/25 at approximately 2312 hours, Marchigiano was observed in his single cell with a blanket covering his head and when detention staff approached Marchigiano, they observed a ligature around his neck. Medical staff and EMS were immediately notified and life saving measures were given to Marchigiano. Marchigiano was pronounced deceased by EMS at 2349 hours. The medical examiner was notified and autopsy results revealed Marchigiano died as a result of suicide.