



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 25-458-CJ

Version Type: AMENDED

Report Date: 6/17/2025 2:59 PM

Status: Submitted

Agency/Facility Information

Agency Name: Chambers County
Sheriff's Office

Agency Address: PO BOX 998

Agency City: Anahuac

Agency State: TX

Agency Zip: 77514

Director Information

Director Salutation: Sheriff

Director First Name: Brian

Director Middle Name:

Director Last Name: Hawthorne

Reporter Name: Nate Shelton

Reporter Email: nshelton@chamberstx.gov

Decedent Information

Identity of Deceased

First Name: Dewayne

Middle Name: Keith

Last Name: Leblanc

Suffix: Jr.

Date of Birth: 4/14/1993

Sex: Male

Race: Black or African
American

Age At Time Of Death: 32

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

Date/Time of Custody or
Incident: 6/6/2025 8:19 PM

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

Death Date and Time: 6/8/2025 6:32 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:

Cardiac Arrest associated with methamphetamine ingestion/overdose

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?: 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: 8900 Block of SH
146

City: Mont Belvieu

County: Chambers

Zip: 77523

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

Location Category: Parking lot/garage

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:

Entry Date Time N/A: ☒

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:

Manufacture/Delivery of a Controlled Substance - Penalty Group 1 - 4 grams < 200 grams - HSC 481.112d

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: 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): Yes

Make suicidal statements?: No

Exhibit any mental health
problems?: No

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: Yes, mark which restraint devices were used

Type of restraint

Type of Restraint: Handcuffs

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On June 6, 2025 at approximately 8:19 PM Mr. DWAYNE KIETH LEBLANC was detained and subsequently arrested by an officer with the Mont Belvieu Police Department for the offense of Manufacture/Delivery of Controlled Substance PG1 >=4g<200g. Mr. Leblanc was held at the Mont Belvieu Police Department municipal holding facility and later transported to the Chambers County Jail arriving on June 7, 2025 at 12:51 AM. During the book-in process, Leblanc began to exhibit odd behavior and signs of medical distress. When questioned by jail staff, Leblanc advised he had ingested narcotics at or around the time of his arrest; our jail staff subsequently call for an ambulance. Leblanc was ultimately transported to Houston Methodist Baytown Hospital to receive medical treatment.

On June 8, 2025, at 5:40 PM Mr. LEBLANC went into tachycardia, respiratory arrest, where he ultimately died. Medical Records indicate Mr. Leblanc's time of death listed as 6:32 PM.

The autopsy revealed Leblanc ingested methamphetamine from within his stomach that ultimately led to his overdose and death.