



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number: PA16217CJ

Report Date: 5/26/2016 2:27 PM

Status: Submitted

Agency/Facility Information

Department ID: 361

Department Type: SHERIFF

Agency Name: Harris County
Sheriff's Office

Agency Number: TX1010000

Agency Phone: 7137557341

Agency Address: 1200 Baker Street

Agency City: Houston

Agency County: Harris

Agency State: TX

Agency Zip: 77002

Director Information

Director Salutation:

Sheriff

Director First Name:

Ron

Director Middle Name:

Director Last Name:

Hickman

Reporter Name: Captain Ronny
Taylor

Reporter Email: ronny.taylor@sheriff.hctx.net

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1200 Baker Street

City: Houston

County: Harris

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

Custody Type Facility:

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: At medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Lakeshia

Middle Name:

Last Name: Dibbles

Suffix:

Date of Birth: 4/19/1983

Sex: Female

Ethnicity: African-American

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

Death Date and Time: 5/25/2016 8:27 PM

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

Date/Time of Custody or Incident:

5/25/2016 7:08 AM

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:

Other

Manner of Death Description:

Accident

Death Reason:

Don't know

Medical Cause of Death:

Medical Cause of Death:

Complications following blunt force head trauma with skull fractures, hemorrhage and cerebral contusions

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

Medical Treatment:

Not Applicable

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

Who caused the death?:

Don't know

Death Causer Other:

If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

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?:

Don't know

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:

Don't know

General Information

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:

Theft

Offense 2:

Evading Arrest/Detention

Offense 3:

Open Warrants X 2 (Felony Theft)

Were the Charges::

Filed

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by NA

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs): No

Exhibit any mental health problems?:

Exhibit any medical problems?:

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Threaten the officer(s) involved: No

Resist being handcuffed or arrested?: No

Try to escape/flee from custody: No

Grab, hit or fight with the officer(s): No

Other Behavior:



Specify Other Behavior:

Use weapon threaten/assault officer(s): 0

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:

The following is a synopsis of the death of Inmate Dibbles: On Wednesday, May 25, 2016, Inmate Lakeshia Dibbles (SPN 02066891) was confirmed deceased in HCSO custody at St. Joseph Hospital, located at 1401 St. Joseph Parkway Houston in the incorporated area of Harris County, Texas on the first floor of Emergency Room number #1. She was pronounced deceased by the attending physician Dr. Alagarsamy at 2027 hrs. Inmate Dibbles is a black female, thirty three years of age (Date of Birth 04-19-1983), had been in the custody

of the Harris County Sheriff's Office since May 25, 2016. • 25 May 2016, at approximately 7:17 PM, Inmate Dibbles was observed by the fourth floor, cellblock "B" Detention Officer having a medical emergency inside 4B2E. • 25 May 2016, at approximately 7:22 PM, Nurse Thomas, from 1200 Baker Street Clinic responded to 4B2E. • 25 May 2016, at approximately 7:30 PM the Inmate Dibbles was taken to the clinic with CPR in progress. • 25 May 2016, at approximately 7:35 PM, the Houston Fire Department (HFD) was notified. • 25 May 2016, at approximately 7:46 PM HFD Ambulance 15, Squad 8, Engine Number 9 with fifteen attendants arrived at 1200 Baker Street Detention Facility. • 25 May 2016, at approximately 8:08 PM, Inmate Dibbles was transported by HFD Ambulance 15 to St. Joseph Hospital, located at 1315 St Joseph Parkway, Houston in the incorporated area of Harris County Texas. • 25 May 2016, at 8:27 PM Doctor Alagarsamy pronounced Inmate Dibbles deceased.