



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number: PA16531CJ

Report Date: 11/18/2016 10:43 AM

Status: Submitted

Agency/Facility Information

Department ID: 213

Department Type: SHERIFF

Agency Name: Denton County Sheriff's Dept.

Agency Number: TX0610000

Agency Phone: 9403491600

Agency Address: 127 N. Woodrow Ln.

Agency City: Denton

Agency County: Denton

Agency State: TX

Agency Zip: 76205

Director Information

Director Salutation:

Sheriff

Director First Name:

William

Director Middle Name:

Director Last Name:

Travis

Reporter Name: Michael Tutt

Reporter Email: michael.tutt@dentoncounty.com

Location / Custody Information

Where did the event causing the death occur?

Street Address: 3535 S Interstate
35

City: Denton

County: Denton

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: 10/6/2016 12:55
PM

Where did the death occur?

Death Location: At medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Cheryl

Middle Name: Ann

Last Name: Payne

Suffix:

Date of Birth: 1/15/1968

Sex: Female

Ethnicity: Anglo

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

Death Date and Time: 10/24/2016 2:35 PM

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

Date/Time of Custody or Incident:

10/6/2016 12:55 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 pending

What was the manner of death? (select only one)

Manner of Death:

Could not be determined

Manner of Death Description:

Seizure disorder, head trauma and alcoholism

Death Reason:

Don't know

Medical Cause of Death:

Medical Cause of Death:

Seizure disorder, head trauma and alcoholism

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?:

Not applicable; cause of death was suicide, intoxication or illness/natural causes

Death Causer Other:

Seizure disorder, head trauma and alcoholism

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

Type of Death Weapon:

NA

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:

INJURY CHILD/ELDERLY/DISABLE W/INT BODILY INJ

Offense 2:

Offense 3:

Were the Charges::

Not filed at time of death

What were the types of charges or reason for contact?

Type of Offense:

Violent Crime Against Persons

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?: No

Exhibit any medical problems?: No

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:

Unknown at this time

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:

On October 16, 2016 at approximately 1452 hours, Officer Meagan Clowers #4236 was conducting a formal headcount in Pod 17. Officers Clowers tapped the bunk of Inmate Payne, Cheryl SO#205142 and directed her to show her inmate armband. Inmate Payne complied by sitting up and showing her inmate armband to Officer Clowers. Officer Clowers continued her formal headcount of Pod 17. Upon completion of the formal headcount, approximately 1455 hours, Inmate Dobbs, Kimberly SO#142359 notified Officer Clowers that Inmate Payne was having a seizure. Officer Clowers responded to Inmate Payne's assigned bunk and

observed Inmate Payne lying on her back moaning. Officer Clowers observed Inmate Payne's arms tense up. Officer Clowers asked Inmate Payne if she was okay and if she could hear her. Inmate Payne responded by moaning. Officer Clowers gently shook Inmate Payne's right shoulder and asked again if she could hear her. Officer Clowers observed Inmate Payne's arm tense up and curl towards her chest. Officer Clowers called a medical emergency in Pod 17 twice via radio. Detention Staff and Denton County Correctional Health Officers responded to Pod 17. Denton County Correctional Health Officers assessed Inmate Payne and transported her to Tower Medical via stretcher. Once in Tower Medical, approximately 1503 hours, Denton County Correctional Health Officers began resuscitation efforts. Denton Fire and EMS Personnel arrived at approximately 1511 hours and took over resuscitation efforts. At approximately 1524 hours, Denton Fire and EMS Personnel transported Inmate Payne to Denton Regional Medical Center. Inmate Payne was released from custody on October 19, 2016. Inmate Payne expired on October 24, 2016.