



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 17-714-CJ

Version Type: ORIGINAL
VERSION

Report Date: 2/2/2018 2:28 PM

Status: Submitted

Agency/Facility Information

Agency Name: Smith County
Sheriff's Office

Agency Address: 227 N. Spring Ave.

Agency City: Tyler

Agency State: TX

Agency Zip: 75702

Director Information

Director Salutation: Sheriff

Director First Name: Larry

Director Middle Name: R

Director Last Name: Smith

Reporter Name: Deal Folmar

Reporter Email: dfolmar@smith-county.com

Decedent Information

Identity of Deceased

First Name: Roemello

Middle Name: Timothy

Last Name: Lewis

Suffix:

Date of Birth: 8/14/1994

Sex: Male

Race: Black or African
American

Age At Time Of Death: 23

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

Date/Time of Custody or Incident: 10/21/2016 11:16
PM

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

Death Date and Time: 12/14/2017 9:50
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: Natural

Medical Cause of Death:

Medical Cause of Death:

Malignant Neoplasm of brain.

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

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?: Could not be determined

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

Means of Death: Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1000 South
Beckham

City: Tyler

County: Smith

Zip: 75702

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

Location Category: Other, specify

Other Location Category:

East Texas Medical Center, Hospital

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:

Burglary of Habitation

Offense 2:

Assault of Public Servant

Offense 3:

Assault Causing Bodily Injury

Were the Charges:: Filed

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

Type of Offense: Violent Crime
Against Persons

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?: No

Exhibit any mental health problems?: Yes

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?:	N/A	Resist being handcuffed or arrested?:	N/A
Physically attempt/assault officer(s):	N/A	Gain possession of officer's weapon:	N/A
Verbally threaten other(s) including law:	N/A	Escape or attempt to escape/flee custody:	N/A
Attempt gain possession officer's weapon:	N/A		

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:

Arrest date: 10/21/2016 Smith County Jail 23:17

Romello was a poor historian regarding his medical history. He had a history of Bipolar Disorder, Mood Disorder, and Schizophrenia. He presented with disorganized, regressed and primitive behaviors including spitting, urinating in public, trying to drink his own urine, head banging , masturbating in front of female staff members , and smearing feces.

Patient was taken to East Texas Medical Center Hospital Emergency on several occasions and he was admitted as inpatient On one occasion. His diagnosis were:

Altered Mental Status Swollen Tongue and Lips
Acute Encephalopathy, Unclear Etiology

11/08/16

Receiving Screening Completed by Medical:

Medical History and Physical Assessment noted:
History of Schizophrenia Andrews Center Patient

10/21/16: Unable to complete Intake Medical Screening in Sally Port. Patient refused to answer questions.

10/22/16-11/07/16

Receiving Screening Attempted Dates: Patient would not answer questions.

02/15/17 -Patient transferred to the Montgomery County Mental Health Facility from Court Order.

08/23/17 - Returned to Smith County Jail From Montgomery County Mental Health Facility.

Patient was assessed by the Physician in the Jail on the following dates:

9/24/17

11/19/17

Patient was taken to the Andrew Center for follow up appointments on the following dates

11/9/16

02/03/17

10/21/16: Unable to complete Intake Medical Screening in Sally Port. Patient refused to answer questions.

10/22/16-11/07/16

Receiving Screening Attempted Dates: Patient would not answer questions.

11/08/16

Receiving Screening Completed by Medical:

Medical History and Physical Assessment noted:

History of Schizophrenia Andrews Center Patient

Dates transferred to East Texas Medical Center Emergency Room:

01/12/17 - Dx: Altered Mental Status

09/21/17 - Dx: Swelling to bottom lip

10/04/17- Dx: Altered Mental Status

11/18/17 - Dx: Dehydration, Upper Respiratory Infection, Viral and Bacterial Pharyngitis

11/25/17 - Dx: Altered Mental Status, Elevated Temperature of 104

He was admitted as inpatient.

Physician Assessments in the Jail: 9/24/17 - Assessment from hospital visit 11/19/17 - Assessment from hospital visit Andrew Center Visits:

11/9/16: Visit for Injection and Medication monitoring

02/3/17: Physician Visit

10/4/17: Mental Health follow up related to Montgomery County treatment by psychiatrist

10/11/17: Nurse visit for medication follow up

10/26/17: Visit with nurse / Injection 11/22/17: Nurse visit for injection

Hospital / Treatment

11/25/17- Admitted as inpatient

11/30/17 - Scrotal ulcer detected with underlying epididymitis and loculated hydrocele.

11/30/17 Surgery was done - Excision of right testes, cord and overlying scrotal ulcer.

Patient had respiratory arrest during surgery and was placed on a ventilator and placed in ICU.

Patient's mother was notified by jail administration of hospitalization.

12/01/17 - MRI of the brain was preformed Findings: Glio blastoma tumor of the brain stem. This is a fast growing, non-treatable brain tumor. Prognosis was very poor.

Treatment for this tumor would only be palliative. They believe the patient was numb on the ride side and that is how he got the abscess on the testicle and couldn't feel it.

12/01/17 Patient's mother made the decision for him to be DNR

12/08/17 Patients' mother gave consent for him to be transferred to Hospice of East Texas.

Hospice

12/08/17 - Patient was transferred to Hospice of East Texas

12/14/17- 09:50 he was pronounced dead at Hospice of East Texas

If you have any further questions, please contact me. Marie Taylor RN 903.590.2825