



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-1836-CJ

Version Type: ORIGINAL
VERSION

Report Date: 6/9/2023 4:38 PM

Status: Submitted

Agency/Facility Information

Agency Name: McLennan County
Sheriff's Dept.

Agency Address: 901 Washington

Agency City: Waco

Agency State: TX

Agency Zip: 76701

Director Information

Director Salutation: Sheriff

Director First Name: Parnell

Director Middle Name:

Director Last Name: McNamara

Reporter Name: Jason Davis

Reporter Email: jason.davis@co.mclennan.tx.us

Decedent Information

Identity of Deceased

First Name: Marvin

Middle Name: Lee

Last Name: Dickerson

Suffix:

Date of Birth: 4/18/1969

Sex: Male

Race: Black or African
American

Age At Time Of Death: 53

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

Date/Time of Custody or Incident: 9/22/2022 11:30
AM

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

Death Date and Time: 9/22/2022 11:30
AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not
planned

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Stroke

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

Medical Treatment: Yes

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?: Deceased developed condition after admission

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: 6901 Medical
Parkway

City: Waco

County: McLennan

Zip: 76712

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

Location Category: Other, specify

Other Location Category:

Providence Hospital ICU

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

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: 6/10/2022 11:15
PM

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:

Parole Violation

Offense 2:

Sexual Assault Habitual IND-SOB 877

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: 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: Unknown

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

Attempt to Injure Others?: Unknown

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?: 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: Other device,
specify

Other device, specify: Belly chains and leg
shackles

Summary of Incident

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

Summary:

On 8/24/22, Inmate Marvin Dickerson was sent to Providence Hospital by order of the jail's physician's assistant after showing signs of stroke symptoms. Inmate Dickerson was admitted to the hospital, and was placed in ICU where he was intubated. Medical diagnosis was stroke, metabolic encephalopathy, respiratory failure and congestive heart failure. Inmate Dickerson died while under doctor's care at the hospital. Due to the circumstances, Judge Diane Hensley did not order an autopsy for Inmate Dickerson.

