



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 22-1362-CJ

Version Type: AMENDED

Report Date: 1/12/2023 3:16 PM

Status: Submitted

## Agency/Facility Information

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Agency Name: Dallas County  
Sheriff's Dept.

Agency Address: 133 N. Riverfront  
Blvd.

Agency City: Dallas

Agency State: TX

Agency Zip: 75207

## Director Information

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Director Salutation: Sheriff

Director First Name: Marian

Director Middle Name:

Director Last Name: Brown

Reporter Name: TERESA  
HERNANDEZ

Reporter Email: tahernandez@dallascounty.org

## Decedent Information

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## Identity of Deceased

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First Name: Shamond

Middle Name: Titas

Last Name: Lewis

Suffix:

Date of Birth: 5/23/1998

Sex: Male

Race: Black or African  
American

Age At Time Of Death: 24

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

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Date/Time of Custody or Incident: 9/22/2022 12:17  
PM

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

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Death Date and Time: 9/29/2022 6:48 PM

## Manner / Cause of Death

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

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Medical Examiner/Coroner Evaluation?: Yes, results are available

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

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Manner of Death: Could not be determined

Medical Cause of Death:

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Medical Cause of Death:

Undetermined.

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

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Medical Treatment: Unknown

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

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Who caused the death?: Unknown whether decedent sustained a fatal injury

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

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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?

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Pre existing medical condition?: Could not be determined

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

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Means of Death: Unknown

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 111 W. Commerce  
St.

City: Dallas

County: Dallas

Zip: 75207

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

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Location Category: Law Enforcement  
Facility

What type of custody/facility was the Decedent in at the time of death:

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Type of Custody: County Jail

Specific type of custody/facility:

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Specific Type of Custody/Facility:

Jail - holding 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):

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Entry Date Time: 9/29/2022 12:17  
PM

Where did the death occur?

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Death Location: Medical facility

## General Information

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Did any other law enforcement agencies respond to calls for service related to this incident?

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Other Agencies Respond?: Yes

What were the most serious offense(s) with which the deceased was (or would have been) charged with at the time of death?

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Offense 1:

Agg. Assault W/Deadly Weapon F2258354

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)

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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?

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Decedent display/use of weapons: No

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

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Attempt to Injure Others?: No

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

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Appear intoxicated (alcohol or drugs): Unknown

Make suicidal statements?: Unknown

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Unknown

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

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Barricade self or initiate

Resist being handcuffed or

standoff?:	No	arrested?:	Yes
Physically attempt/assault officer(s):	Unknown	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?

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Under Restraint: Yes, mark which restraint devices were used

Type of restraint

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Type of Restraint: Other device, specify

Other device, specify: Restraint Chair.

## Summary of Incident

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

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Summary:

On Thursday, September 22, 2022, at approximately 12:17 p.m., officers with the Dallas Police Department processed Arrestee Shamond Titas Lewis (B/M 05-23-1998, 24yoa) into the Dallas County Jail at 111 W. Commerce St., City of Dallas, Dallas County, TX 75207. LEWIS was arrested for the onsite offense of Aggravated Assault w/Deadly Weapon, F2258354. During the booking process, LEWIS was placed on suicide precaution and monitored in an Intake holding single cell.

At approximately 11:34 p.m., detention staff transferred LEWIS to the second-floor Release Section to be processed into a housing unit. LEWIS was placed into a single cell holding unit.

On Friday, September 23, 2022, at approximately 12:41 a.m., jail staff escorted LEWIS to be processed through the vault. Staff then escorted LEWIS to the changeout room to change into jail attire, which he refused. Staff restrained LEWIS by placing him in handcuffs. Staff changed LEWIS into jail attire. Staff placed LEWIS into a six-point soft restraint chair. Staff transported LEWIS to the South Tower Jail 2nd Floor Medical Assessment Program to be accessed by medical staff before being housed in his assigned unit. As staff provided LEWIS with water, he became unresponsive. Staff transported LEWIS to the nurse's station for medical attention. Paramedics with Acadian Ambulance arrived on the scene and transported LEWIS to Parkland Hospital at 5200 Harry Hines Blvd., Dallas, TX 75235.

On Thursday, September 29, 2022, at approximately 6:48 p.m., Doctor Vincent Delgado (PMH) Pronounced Shamond Titas Lewis deceased.

On Sunday, October 2, 2022, a forensic autopsy was conducted at the Dallas County Medical Examiner's Office, and the findings are pending, IFS-22-19467-ME.

#### Office of the Medical Examiner: Autopsy Report

#### FINDINGS:

I. History that the decedent became unresponsive a short period of time after being physically restrained by multiple law enforcement officer while in custody at a jail facility. The decedent was transferred to an area hospital where he was intubated and remained on a ventilator for approximately six days:

##### A. Medical record review:

1. Admission labs (at 0217 on 09/23/22) consistent with rhabdomyolysis with acute kidney and liver injury.

a. Creatine kinase (CK), Total 937 Units/L (reference range: 39 - 308 Units/L).

b. Urinalysis: Ketones 80 mg/dL (reference range: Negative), Blood 3 + (Reference range: Negative), Protein 100 mg/dL (reference range: Negative to 20 mg/dL), Leukocyte esterase 250 (moderate) (reference range: Negative).

c. Creatinine 1.38 mg/dL (reference range: 0.67 - 1.17 mg/dl).

d. ALT 416 Units/L (reference range: 10 - 50 Units/L).

e. AST 420 Units/L (reference range: 10 - 50 Units/L).

2. CK, Total at 1021 on 09/23/2022: 41,026 Units/L (reference range: 39 - 308 Units/L).

3. CK rose to greater than 200,000 Units/L within 24 hours of admission.

4. Fasciotomy on 09/24 for bilateral upper extremity compartment syndrome in setting of rhabdomyolysis and aggressive fluid resuscitation.

B. Urine drug screen at admission: Positive for Cannabinoid.

C. Negative blood ethanol.

D. CT Head and CT Cervical Spine (09/23/2022 at 0253): No acute intracranial abnormality. No acute fracture or dislocation of the cervical spine.

E. CT Angiography Head and Neck (09/23/2022 at 1601): No evidence of large vessel occlusion, dissection, or aneurysm.

F. MRI Brain (09/24/2022 at 2128): Findings consistent with severe acute leukoencephalopathy, which is recent and rapidly progressive based on the comparison of prior non-contrast CTs performed on day prior. Considering the imaging pattern, clinical context and pattern of onset, as well as the additional findings of lactic acidemia, acute toxic leukoencephalopathy due to exogenous exposure in the main diagnostic consideration. Post ischemic leukoencephalopathy is the main differential diagnosis, given recent cardiac arrest (however the timing, accelerated progression and sparing of the gray matter structures would be unusual). Findings are not typical for prolonged seizure activity, traumatic brain injury, or posterior reversible encephalopathy syndrome. Severe predominantly supratentorial white matter swelling resulting in intracranial hypertension with initial downward transtentorial herniation compressing the upper brainstem. Widespread edema of the visualized masticator, suboccipital and paraspinal muscles, in keeping with severe rhabdomyolysis.

G. Progression of cerebral edema with worsening of brain herniation during hospitalization.

##### II. Superficial blunt force injuries:

A. Healing abrasions of the face, shoulders, upper extremities, and lower extremities.

B. Subcutaneous and intramuscular hemorrhage of both wrists.

C. Intramuscular hemorrhage within the tongue and upper back musculature.

D. Focal subscalpular hemorrhage.

##### III. Rhabdomyolysis.

A. Pale-tan areas of discoloration throughout the musculature of the neck and upper back.

B. Soft tissue edema of the upper extremities and back.

##### IV. Neuropathology consult:

A. Recent global infarct.

B. Features consistent with transtentorial and transforaminal herniation.

C. Recent (Duret) hemorrhage.

V. Ventilator associated bronchopneumonia.

VI. History of schizoaffective disorder.

#### CONCLUSIONS:

Based on the available investigative information, medical record review, and autopsy findings, it is my opinion that the cause and manner of death of Shamond Titas Lewis, a 24-year-old male, remains undetermined.

The decedent was in custody at a jail facility. There is video surveillance that shows the decedent walking, talking, and apparently without complaint for a time period that spans more than one hour. The decedent is seen to walk into a changing room with law enforcement officers. There is video footage of the hallway outside of the changing room, but there is no video surveillance of the inside of the room. The available investigative information indicated that multiple law enforcement officer restrained the decedent in an effort to change his clothes, and during this incident he was placed in handcuffs. The decedent was also placed in a restraint chair in the changing room. When the decedent is brought out of the changing room, he can again be seen on the video surveillance. He appears to have acute mental status changes but appears to be breathing and moving for several minutes prior to becoming unresponsive. Based on the video footage of the hallway, the incident inside the changing room appears to last approximately 12 minutes.

The most notable findings based on the medical records and the autopsy are severe rhabdomyolysis and marked cerebral edema with brain herniation. The only injuries identified at the time of the autopsy are healing

superficial injuries of the skin and superficial injuries of the musculature. No antemortem blood samples from the time of hospital admission were available for additional toxicology testing. It is difficult to determine to what degree the physical restraint contributed to the development of these findings without being able to definitively rule out the possible toxicity of therapeutic medications and/or other drugs including synthetic compounds.

Based on the lack of video surveillance showing the incident of physical restraint by multiple law enforcement officers, the video evidence of the decedent being responsive, although altered, following the incident, only superficial injuries seen at the autopsy, and the inability to perform comprehensive toxicology testing on samples from the time of the incident due to lack of specimen availability, it is my opinion that the cause and manner of death are best classified as undetermined.

MANNER OF DEATH: Undetermined.

Stephen M. Lenfest, M.D.  
Medical Examiner  
12-28-2022