



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 23-309-CJ

Version Type: ORIGINAL
VERSION

Report Date: 3/27/2023 4:10 PM

Status: Submitted

Agency/Facility Information

Agency Name: Cherokee County
Sheriff's Dept.

Agency Address: 272 Underwood St.

Agency City: Rusk

Agency State: TX

Agency Zip: 75785

Director Information

Director Salutation: Sheriff

Director First Name: Brent

Director Middle Name:

Director Last Name: Dickson

Reporter Name: Brent Dickson

Reporter Email: bdickson@cocherokee.org

Decedent Information

Identity of Deceased

First Name: Aiydasani

Middle Name: Mahogany

Last Name: Bryant

Suffix:

Date of Birth: 12/21/2001

Sex: Female

Race: Black or African
American

Age At Time Of Death: 21

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

Date/Time of Custody or
Incident: 2/21/2023 8:42 PM

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

Death Date and Time: 2/21/2023 10:34
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 are
available

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Bilateral Pulmonary thromboemboli

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?: Pre-existing medical condition

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: 272 UNDERWOOD

City: RUSK

County: Cherokee

Zip: 75785

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

Location Category: Law Enforcement
Facility

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 - single 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: 2/15/2023 1:39 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:

AGG ASSAULT DATE/FAMILY/HOUSE W/WEAPON

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)

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): 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:

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: No

Summary of Incident

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

Summary:

On February 21, 2023 at 2041 while in a medical cell Bryant fell to the ground in what appears to be a medical related issue. At 20:43 correctional officers entered into the cell and began checking on Bryant. Officers attempted to get Bryant off of the floor. Once standing Bryant fell to the ground again. Officers sat Bryant up on the floor and contacted EMS. EMS arrived on scene and made contact Bryant who was still alert and talking. While speaking with EMS Bryant collapsed. EMS began life saving measures and transported Bryant to local hospital where she was eventually pronounced deceased.