KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-193-CJ	Version Type:	AMENDED
Report Date:	8/19/2024 2:01 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Brazos County Sheriff's Office.	Agency Address:	1700 Hwy. 21 West
Agency City:	Bryan	Agency State:	TX
Agency Zip:	77803		

Director Information

Director Salutation:	Sheriff	Director First Name:	Wayne
Director Middle Name:			
Director Last Name:	Dicky		
Reporter Name:	Abigail Belangeri	Reporter Email:	abelangeri@brazoscountytx.gov

Decedent Information

Identity of Deceased

First Name: Scott

Middle Name: Diangelo

Last Name: Jones

Suffix:

Date of Birth: 1/24/1975 Sex: Male

Race: Black or African American

Age At Time Of Death: 49

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

Date/Time of Custody or Incident: 12/12/2023 12:32 PM

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

Death Date and Time: 1/26/2024 3:26 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:

Atherosclerotic and hypertensive cardiovascular disease

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?:	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:	1835 Sandy Point Rd	City:	Bryan
County:	Brazos	Zip:	77807

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 - 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:	12/12/2023 12:32 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:

Theft of Property <$2,500 2/more previous convictions X6

Offense 2:

Poss CS PG1/1-B<1G X2

Offense 3:

Parole Violation

Were the Charges:: Filed

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

Type of Offense: Alcohol / drug offense; Crime Against Property

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?:	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:	No

Summary of Incident

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

Summary:

On 01/26/2024 at approximately 02:09hrs, Inmate Jones gets up from his bunk and goes down stairs and proceeds to the rec yard door. Dorm Officer Simmons approaches inmate Jones to assess what is going on. He identifies inmate Jones appears to be in medical distress and calls for medical assistance via radion at approximately 02:12hrs. CHP Pratt arrives to the dorm at approximately 02:13hrs assessing the situation. At 02:14hrs Sgt. Brown calls EMS. At approximately 02:21hrs Sgt. Brown and Officer B. Martinez assist inmate Jones into a wheel chair and he is escorted to the release corridor where EMS intercepts him at approximately 02:24hrs. Inmate Jones is loaded into the ambulance by EMS and escorted by Sgt. Ivey. The ambulance leaves the sally port to the hospital at approximately 02:32hrs. Time of death was called by the doctor at CHI St. Joseph's hospital at 03:26hrs.