



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 20-427-CJ

Version Type: AMENDED

Report Date: 1/19/2021 11:01  
AM

Status: Submitted

## Agency/Facility Information

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Agency Name: Harris County  
Sheriff's Dept.

Agency Address: 1200 Baker Street

Agency City: Houston

Agency State: TX

Agency Zip: 77002

## Director Information

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Director Salutation: Sheriff

Director First Name: Ed

Director Middle Name:

Director Last Name: Gonzalez

Reporter Name: Jeffery Vickery

Reporter Email: jeffery.vickery@sheriff.hctx.net

## Decedent Information

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## Identity of Deceased

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First Name: Jerome

Middle Name:

Last Name: Nebuwa

Suffix:

Date of Birth: 9/30/1989

Sex: Male

Race: Black or African  
American

Age At Time Of Death: 30

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

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Date/Time of Custody or 11/20/2019 1:54  
Incident: AM

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

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Death Date and Time: 5/6/2020 2:25 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 Yes, results are  
Evaluation?: available

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

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Manner of Death: Homicide (includes  
Justifiable

Homicide)

Medical Cause of Death:

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Medical Cause of Death:

Complications of blunt impact injuries of head

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: No

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

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Who caused the death?: Other detainee(s)

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?: Other Weapon, specify:

Other weapon, specify:

Hands

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?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

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Means of Death: Other, specify

Means of Death Other: Hands

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 1200 Baker St

City: Houston

County: Harris

Zip: 77002

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:

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):

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Entry Date Time: 11/20/2019 1:54  
AM

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?

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:

Aggravated Assault/Deadly 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?: Unknown

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): Unknown

Gain possession of officer's weapon: No

Verbally threaten other(s) including law: Unknown

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 November 20, 2019, the decedent was arrested on a felony warrant and booked into the Harris County Jail. On May 5, 2020, the decedent was being transported from the 701 clinic to the 1200 clinic for X-rays while in a wheelchair. During the transport, the decedent slipped out of the wheelchair and fell onto the ground. The decedent was transported back to the 701 clinic and subsequently transported to Ben Taub Hospital for Altered Mental Status. The decedent underwent head surgery and was determined to be COVID-19 positive. On May 6, 2020, a doctor determined the decedent had no signs of life with a preliminary cause of death as traumatic brain injury.