



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 20-1942-CJ

Version Type: ORIGINAL
VERSION

Report Date: 3/18/2021 9:11 AM

Status: Submitted

Agency/Facility Information

Agency Name: Bee County
Sheriff's Dept.

Agency Address: 1511 E. Toledo

Agency City: Beeville

Agency State: TX

Agency Zip: 78102

Director Information

Director Salutation: Sheriff

Director First Name: Alden

Director Middle Name: E.

Director Last Name: Southmayd III

Reporter Name: michael page

Reporter Email: michael.page@co.bee.tx.us

Decedent Information

Identity of Deceased

First Name: Bryan

Middle Name: Lee

Last Name: Nix

Suffix: N/A

Date of Birth: 1/19/1989

Sex: Male

Race: Anglo or White

Age At Time Of Death: 31

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

Date/Time of Custody or
Incident: 9/11/2020 5:27 PM

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

Death Date and Time: 9/11/2020 8:57 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: Alcohol/Drug
Intoxication

Medical Cause of Death:

Medical Cause of Death:

At 8:57pm the doctors at Spohn Bee County Emergency Room ruled inmate Bryan Nix passed away at the emergency room at Spohn Beeville at this time due to unknown reasons. He was brought in to the Bee County Jail at approximately 6:00 pm, by the Beeville Police Department, and was having trouble breathing. Bee County Jail staff performed CPR until EMS arrived and was transported to the emergency room at Spohn Bee County where he later passed away.

Investigation is being conducted by our criminal investigation division and the Texas Rangers.
Autopsy results - Methamphetamine Toxicity

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

Medical Treatment: Unknown

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

Who caused the death?: Decedent

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?: Unknown

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?: Could not be determined

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

Means of Death: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1500 E Houston
Street

City: Beeville

County: Bee

Zip: 78102

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

Location Category: Other, specify

Other Location Category:

Hospital ER

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:

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):

Entry Date Time: 9/11/2020 5:27 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?: Yes

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:

Public Intoxication

Offense 2:

Offense 3:

Were the Charges:: Not filed at time of death

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

Type of Offense: Alcohol / drug offense

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?: Yes (select all that apply)

Ways Decedent Attempted To Attempted to injure law enforcement

Injure Others: personnel

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

Appear intoxicated (alcohol or drugs): Yes

Make suicidal statements?: No

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): Yes

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:

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