



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 17-151-CJ

Version Type: AMENDED

Report Date: 3/29/2017 8:41 AM

Status: Submitted

Agency/Facility Information

Agency Name: Harris County
Sheriff's Dept.

Agency Address: 1200 Baker Street

Agency City: Houston

Agency State: TX

Agency Zip: 77002

Director Information

Director Salutation: Sheriff

Director First Name: Ed

Director Middle Name:

Director Last Name: Gonzalez

Reporter Name: Ronny Taylor

Reporter Email: ronny.taylor@sheriff.hctx.net

Decedent Information

Identity of Deceased

First Name: Rodney

Middle Name:

Last Name: Butler

Suffix:

Date of Birth: 6/5/1960

Sex: Male

Race: Black or African
American

Age At Time Of Death: 56

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

Date/Time of Custody or
Incident: 2/14/2017 3:36 AM

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

Death Date and Time: 3/27/2017 7:23 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:

Congestive heart failure due to hypertensive, valvular and atherosclerotic cardiovascular disease, chronic obstructive pulmonary disease and diabetes mellitus

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: 1200 baker Street

City: Houston

County: Harris

Zip: 77002

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:

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: 3/27/2017 7:23 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:

Injury to Elderly

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?: No

Exhibit any mental health
problems?: Unknown

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

Gain possession of officer's

officer(s):	No	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 February 14, 2017 @ 0336 hours, Inmate Butler was processed into the Harris County Jail for Injury to Elderly (case #15404490) with a \$50,000.00 bond.
- On Monday, March 27, 2017, @ approximately 1514 hours, Inmate Butler refused his Dialysis session. Upon his refusal, the on-duty nurse practitioner had Inmate Butler placed on a stretcher in the observation area.
- On March 27, 2017 @ approximately 1728 hours, security personnel contacted the Nurse's Station and spoke with a nurse, advising her he had overheard Inmate Butler lying on a stretcher stating, "I can't breathe, I can't breathe." Health Services acknowledged the concern. At approximately 1745 hours, Health Services assisted Inmate Butler back to his bed, located in MD3.
- On March 27, 2017, @ approximately 1809 hours, while conducting security rounds, security staff informed Health Services that Inmate Butler was not responding.
- Health Services immediately began chest compressions. Medical and HCSO staff immediately transported Inmate Butler to the clinic with CPR being continued by Medical personnel.
- On March 27, 2017, @ approximately 1847 hours, Inmate Butler was transported by HFD Ambulance #9 to St. Joseph Hospital.
- On March 27, 2017 @ 1923 hours, Inmate Butler was pronounced deceased by attending physician Dr. S. Cui.
- Case referred to HCSO Homicide and IAD for review and disposition.
- Autopsy pending.