KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-926-CJ	Version Type:	AMENDED
Report Date:	12/3/2019 2:57 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Bastrop County Sheriff's Dept.	Agency Address:	200 Jackson Street
Agency City:	Bastrop	Agency State:	TX
Agency Zip:	78602		

Director Information

Director Salutation:	Sheriff	Director First Name:	Maaurice
Director Middle Name:			
Director Last Name:	Cook		
Reporter Name:	Kayla Stein	Reporter Email:	kayla.stein@co.bastrop.tx.us

Decedent Information

Identity of Deceased

First Name: TIMOTHY

Middle Name: EDWIN

Last Name: DANIELS

Suffix:

Date of Birth: 6/7/1966 Sex: Male

Race: Anglo or White

Age At Time Of Death: 53

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

Date/Time of Custody or Incident: 9/19/2019 12:12 AM

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

Death Date and Time: 9/20/2019 12:47 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:

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: 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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 200, Jackson City: bastrop

County: Bastrop Zip: 78602

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: 9/19/2019 12:30 AM

Where did the death occur?

Death Location: Dead on arrival at 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:

POCS PG 1 >=4G<200G FELONY 2

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: Alcohol / drug offense; Other, specify

Type of Offense, Other:

CHECK WELFARE CALL REGARDING VEHICLE SITTING IN AN INTERSECTION WITH DRIVER PASSED OUT.

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?: 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:

Deceased was arrested for drug possession, evaluated in jail by medical staff and self admitted to being a daily user of Heroin. Deceased was placed in an isolation cell after medical evaluation and checked on according to jail policy. Deceased was found to be vomiting periodically (believed to be from Heroin withdrawl) and again was evaluated by medical staff. Deceased was later found unresponsive and aid administered by staff and EMS. Deceased was transported to local hospital and pronounced deceased. An autopsy was ordered by JP 4 L.Dunne. Results were later received with the results being a natural death due to Hypertensive cardiovascular disease. It was noted in the report that Hypertension increases the pressure that the heart must pump against, increasing the demand for oxygen and nutrients, and a heart that is enlarged by chronic high blood pressure is at an increased risk of abnormal rhythms, and thus, sudden death. Furthermore, if the decedent was experiencing heroin withdrawl, the physiologic stress from that condition may have been a risk factor for stressing his already compromised heart.