



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 25-400-CJ

Version Type: AMENDED

Report Date: 5/27/2025 2:08 PM

Status: Submitted

Agency/Facility Information

Agency Name: Freestone County
Sheriff's Dept.

Agency Address: PO Drawer 47

Agency City: Fairfield

Agency State: TX

Agency Zip: 75840

Director Information

Director Salutation: Sheriff

Director First Name: Jeremy

Director Middle Name:

Director Last Name: Shipley

Reporter Name: Jeremy Shipley

Reporter Email: sheriffshipley@co.freestone.tx.us

Decedent Information

Identity of Deceased

First Name: David

Middle Name:

Last Name: Milner

Suffix:

Date of Birth: 11/22/1964

Sex: Male

Race: Anglo or White

Age At Time Of Death: 60

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

Date/Time of Custody or
Incident: 4/8/2025 7:50 PM

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

Death Date and Time: 5/18/2025 10:55
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:

Hypertensive and Atherosclerotic Cardiovascular Disease, Cirrhosis and Obesity.

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: 103 S. Keechi St.

City: Fairfield

County: Freestone

Zip: 75840

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: 4/8/2025 7:50 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:

MTR / Driving while Intoxicated 3rd or more

Offense 2:

Offense 3:

Were the Charges:: A probation/parole violation

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?: 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

Gain possession of officer's

officer(s):	No	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:

Subject appeared to the Jailer that he was not looking well/doing well. Jailer brought subject up front to booking area to check blood pressure. Jailer had Dispatch call for EMS. EMS was on scene when subject went into medical distress. While in the ambulance, CPR was initiated on the subject. Subject was pronounced deceased at Fairfield Medical Center.