



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number: PA16151C

Report Date: 4/12/2016 4:26 PM

Status: Submitted

Agency/Facility Information

Department ID: 38

Department Type: SHERIFF

Agency Name: Bandera County
Sheriff's Dept.

Agency Number: TX0100000

Agency Phone: 8307964323

Agency Address: P. O. Box 607

Agency City: Bandera

Agency County: Bandera

Agency State: TX

Agency Zip: 78003

Director Information

Director Salutation:

Sheriff

Director First Name:

Daniel

Director Middle Name:

Director Last Name:

Butts

Reporter Name: Matthew L. King

Reporter Email: mking@banderacounty.org

Location / Custody Information

Where did the event causing the death occur?

Street Address: 10865 Park Road
37 #5

City: Lakehills

County: Bandera

What type of custody/facility was the Decedent in at the time of death:

Type of Custody:

Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Hospital/Infirmary

Custody Type Facility:

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:

Entry Date Time N/A: ☒

Where did the death occur?

Death Location: At medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Kenneth

Middle Name: Alan

Last Name: Rich

Suffix: Mr.

Date of Birth: 6/7/1963

Sex: Male

Ethnicity: Anglo

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

Death Date and Time: 3/14/2016 3:31 AM

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

Date/Time of Custody or Incident:

3/10/2016 11:03 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 pending

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

Manner of Death:

Other

Manner of Death Description:

Pending Autopsy Results

Death Reason:

Not applicable

Medical Cause of Death:

Medical Cause of Death:

Unknown

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

Medical Treatment:

Not Applicable

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

Who caused the death?:

Not applicable; cause of death was suicide, intoxication or illness/natural causes

Death Causer Other:

If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

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?:

Don't know

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

Means of Death:

Not applicable; cause of death was intoxication or illness/natural causes

General Information

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:

Possession of Controlled Substance PG1

Offense 2:

Offense 3:

Were the Charges::

Not filed at time of death

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by NA

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

Appear intoxicated (alcohol or drugs): Yes

Exhibit any mental health problems?:

Exhibit any medical problems?:

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

Threaten the officer(s) involved: No

Resist being handcuffed or arrested?: No

Try to escape/flee from custody: No

Grab, hit or fight with the officer(s): No

Other Behavior:



Specify Other Behavior:

Use weapon threaten/assault officer(s): 0

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:

--The subject of this Custodial Death Report is Kenneth Alan Rich. On March 10, 2016 deputies responded to the Rich's residence for a disturbance. Deputies arrived and contacted Rich and his live in girlfriend who were both found to be in possession of methamphetamines which was located in the house. Arresting deputy observed Rich showing signs of intoxication, hyper-alertness, rapid agitated body movement and his pupils appeared to be dilated. Rich reported that he was having chest pain. Deputy requested EMS to assess him and they advised that all his vitals appeared to be good and they had no evidence that a medical episode was taking place. EMS contacted their Medical Director and stated that they would not transport and allowed

the Deputy to take the appropriate law enforcement action. While en-route to the jail Rich was continuing to state that he was having chest pain. Deputy decided to stop at the EMS station and have Rich evaluated once again. It was decided that EMS would take the Rich to Boerne Methodist Hospital. On March 14, 2016 the Bandera Sheriff's Office received Information from the Bexar County Medical Examiner's Office who reported that Rich had been transferred from Boerne Methodist Hospital to St. Luke's Hospital in San Antonio and had passed away on March 14, 2016 at 3:31 am. An Autopsy was performed on March 15, 2016, at the Bexar County Medical Examiner's Office, status was pending toxicology results.