KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	16-86-CJ	Version Type:	ORIGINAL VERSION
Report Date:	2/22/2017 10:59 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Tarrant County Sheriff's Dept.	Agency Address:	200 Taylor St., Plaza Bldg. 7th Floor
Agency City:	Fort Worth	Agency State:	TX
Agency Zip:	76196		

Director Information

Director Salutation:	Sheriff	Director First Name:	Bill
Director Middle Name:			
Director Last Name:	Waybourn		
Reporter Name:	Billie Miller	Reporter Email:	billiemiller@tarrantcounty.com

Decedent Information

Identity of Deceased

First Name: Thomas

Middle Name: Harold

Last Name: McKnight

Suffix:

Date of Birth: 7/8/1946 Sex: Male

Race: Anglo or White

Age At Time Of Death: 70

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

Date/Time of Custody or Incident: 5/24/2016 3:02 PM

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

Death Date and Time: 12/15/2016 4:27 PM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Respiratory, multi organ, and renal failure that turned to pneumonia then septic shock.

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?: Deceased developed condition after admission

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: 1500 South Main
City: Fort Worth
County: Tarrant
Zip: 76104

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

Location Category: Other, specify

Other Location Category:

John Peter Smith Hospital

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:

Entry Date Time N/A: ☑

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:

Possession of Child Pornography

Offense 2:

Offense 3:

Were the Charges:: Convicted

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

Type of Offense: Crimes Against Child(ren)

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?:	Yes	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:

Thomas McKnight was transported to the hospital on December 9, 2016 after falling at the jail. When he was seen by the jail doctors, he was believed to be septic and was transported to the hospital. Upon arrival at the hospital, he was found to have a fever, low blood pressure and abnormal rhythm of the heart. His condition worsened and was found to have respiratory, and multi organ failure which progressed into renal failure that required dialysis intervention. During the hospitalization, he developed pneumonia which caused him to develop septic shock. As he continued to deteriorate he was placed on a ventilator. He continued to decline until his death.

Due to him being hospitalized for a number of days, the death was considered an attended death with no suspicious circumstances, the Medical Examiner’s office declined an autopsy.

* At the time of this inmate’s death, Dee Anderson was the Tarrant County Sheriff.