KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-133-CJ	Version Type:	AMENDED
Report Date:	2/23/2017 4:36 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Nueces County Sheriff's Dept.	Agency Address:	901 Leopard St.
Agency City:	Corpus Christi	Agency State:	TX
Agency Zip:	78401		

Director Information

Director Salutation:	Sheriff	Director First Name:	Jim
Director Middle Name:			
Director Last Name:	Kaelin		
Reporter Name:	Abel B. Carreon	Reporter Email:	abel.carreon@nuecesco.com

Decedent Information

Identity of Deceased

First Name: Tami

Middle Name: Ranee

Last Name: Bond

Suffix:

Date of Birth: 9/10/1990 Sex: Female

Race: Anglo or White

Age At Time Of Death: 26

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

Date/Time of Custody or Incident: 2/6/2017 8:00 PM

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

Death Date and Time: 2/7/2017 1:00 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 pending

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

Manner of Death: Alcohol/Drug Intoxication

Medical Cause of Death:

Medical Cause of Death:

Drug overdose

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

Medical Treatment:	Unknown

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?:	Could not be determined

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:	901 Leopard St.	City:	Corpus Christi
County:	Nueces	Zip:	78401

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 - holding 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:	2/6/2017 8:00 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:

Possession of Controlled Substance

Offense 2:

Tamper/Fabricate Physical Evidence

Offense 3:

Possession of Controlled Substance

Were the Charges:: Not filed at time of death

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?: No

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

Barricade self or initiate

Resist being handcuffed or

standoff?:	No	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:

On February 6, 2017, at approximately 1900 hours, inmate Tami Ranee Bond arrived at the Nueces County Jail on the following charges: (1) Possession of Controlled Substance Penalty Group 1 less than 1g; (2) Tampering/Fabricating Physical Evidence; and (3) Possession of Controlled Substance Penalty Group 2A less than 2 oz. The intake nurse performed an initial assessment and inmate Bond was secured in Holding Cell #7, booked, and returned to Holding Cell #7. At approximately 2238 hours, inmate Bond was removed from Holding Cell #7 and placed in Holding Cell #8 after having conflicts with other inmates in Holding Cell #7. At approximately 2247 hours, inmate Bond was removed from Holding Cell #8 and isolated in Holding Cell #11 after again having conflicts with another prisoner. Inmate Bond remained in Holding Cell #11 until approximately 0050 hours, when an officer observed her on the cell floor twitching. As the officer was contacting medical staff, another officer also observed inmate Bond at approximately 0052 hours. At approximately 0053 hours, a nurse and an officer entered the cell where inmate Bond was unresponsive to a sternum rub. Another nurse arrived and assisted with CPR and AED pads. The jail supervisor contacted Emergency Medical Services at approximately 0100 hours and they arrived at approximately 0107 hours. Inmate Bond was transported to Christus Spohn Shoreline Hospital Emergency Room. A doctor at the hospital indicated the time of death as 0146 hours.