KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-400-CJ	Version Type:	AMENDED
Report Date:	8/1/2017 1:39 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Erath County Sheriff's Dept.	Agency Address:	1043 Glen Rose Hwy.
Agency City:	Stephenville	Agency State:	TX
Agency Zip:	76401		

Director Information

Director Salutation:	Lieutenant	Director First Name:	Vanessa
Director Middle Name:			
Director Last Name:	Griffin		
Reporter Name:	Vanessa Griffin	Reporter Email:	jaillt@co.erath.tx.us

Decedent Information

Identity of Deceased

First Name: John

Middle Name: Randolph

Last Name: Ingle

Suffix:

Date of Birth: 7/1/1960 Sex: Male

Race: Anglo or White

Age At Time Of Death: 57

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

Date/Time of Custody or Incident: 12/23/2015 11:30 AM

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

Death Date and Time: 7/29/2017 8:00 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 are available

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

I.Atherosclerotic and hypertensive cardiovascular disease
II. Diabetes mellitus, end stage renal disease on hemodialysis, hepatic cirrhosis

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:	950 Whitehead Dr. Suite 128	City:	Granbury
County:	Hood	Zip:	76048

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

Location Category: Other, specify

Other Location Category:

Dialysis center

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:

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?: 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:

Aggravated Sexual Assault Child

Offense 2:

Indecency with Child Sexual Contact

Offense 3:

Indecency with Child Sexual Contact

Were the Charges:: Filed

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?: Yes

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:

Inmate was transported to the Fresenius Kidney Care Granbury for his routine dialysis appointment. at Approx. 07:30AM inmate Ingles' blood pressure dropped and he was removed from the dialysis machine. Inmate Ingle was then told to rest until his blood pressure was stable. At approx.. 08:00AM the nursing staff conducted a medical check on inmate Ingle and found him unresponsive. Due to inmate Ingle having an active DNR order no life saving measures were conducted.