KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 17-426-MJ | Version Type: | ORIGINAL VERSION |
| Report Date: | 8/22/2017 1:18 PM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Fort Worth Police Dept. | Agency Address: | 350 W. Belknap |
| Agency City: | Fort Worth | Agency State: | TX |
| Agency Zip: | 76102 | | |

### Director Information

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|---|---|---|---|
| Director Salutation: | Chief | Director First Name: | Joel |
| Director Middle Name: | | | |
| Director Last Name: | Fitzgerald | | |
| Reporter Name: | James Goodwin | Reporter Email: | james.goodwin@fortworthtexas.gov |

## Decedent Information

### Identity of Deceased

First Name: William

Middle Name:

Last Name: Palkovics

Suffix:

Date of Birth: 7/15/1956 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: 6/28/2017 9:00 PM

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

Death Date and Time: 6/28/2017 10:00 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: Suicide

## Medical Cause of Death:

Medical Cause of Death:

Asphyxia By Hanging

## 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?: Decedent

## 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?: Other Weapon, specify:

Other weapon, specify:

Hospital gown that the decedent was wearing that the decedent fashioned into a noose.

## 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?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

Means of Death: Hanging, strangulation

# Location / Custody Information

## Where did the event causing the death occur?

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| Street Address: | 350 West Belknap Street | City: | Fort Worth |
| County: | Tarrant | Zip: | 76104 |

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

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| Location Category: | Law Enforcement Facility |

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

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| Type of Custody: | Municipal 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):

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| Entry Date Time: | 6/28/2017 3:00 PM |

## Where did the death occur?

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| Death Location: | Law enforcement facility/booking center |

# 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:

Aggravated Assault with Deadly Weapon

Offense 2:

Offense 3:

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: Violent Crime Against Persons

## 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

| | | | |
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| problems?: | Yes | Exhibit any medical problems?: | No |

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

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| 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?

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| Under Restraint: | No |

## Summary of Incident

### Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

Decedent was arrested on June 23, 2017 by the Fort Worth Police Department for Aggravated Assault with a Deadly Weapon. The Decedent was transported to the John Peter Smith Hospital for injuries he received from his victim prior to police arrival. The Decedent was treated at the hospital and was medically cleared and released back the Fort Worth Police Department. The Decedent was transported to the Fort Worth City jail and put into a cell by himself because he was restricted to a wheel chair. The Decedent fashioned a noose from the hospital gown that he was wearing from the hospital, attached the noose to a bolt in the wall and placed the noose around his neck and hung himself by his neck.