KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-470-CJ	Version Type:	AMENDED
Report Date:	9/12/2017 3:09 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	McLennan County Sheriff's Dept.	Agency Address:	901 Washington
Agency City:	Waco	Agency State:	TX
Agency Zip:	76701		

Director Information

Director Salutation:	Captain	Director First Name:	Ricky
Director Middle Name:			
Director Last Name:	Armstrong		
Reporter Name:	Jason Davis	Reporter Email:	jason.davis@co.mclennan.tx.us

Decedent Information

Identity of Deceased

First Name: Dallas

Middle Name: William

Last Name: Eckman

Suffix:

Date of Birth: 10/22/1987 Sex: Male

Race: Anglo or White

Age At Time Of Death: 29

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

Date/Time of Custody or Incident: 8/25/2017 8:05 PM

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

Death Date and Time: 8/26/2017 2:43 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Toxic effects of methamphetamine

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?: 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?: 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: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address: IH 35 N 322mm City: Lorena

County: McLennan Zip: 76655

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

Location Category: Roadway/highway/street/sidewalk

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: 8/25/2017 9:38 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?: 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:

Driving While License Invalid with Previous Conviction-Instanter

Offense 2:

Driving While License Invalid-Falls County Warrant

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: Other, specify

Type of Offense, Other:

Traffic violation

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 standoff?: N/A

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:

Dallas Eckman was brought to the McLennan County Jail for misdemeanor charges by the Lorena Police Department at approximately 9:38 PM on 8/25/17. At the time of his arrival to the facility, Eckman was screened by medical personnel where he was asked if he had ingested any narcotics, or would be withdrawing from any narcotics. Eckman answered "no" to these questions. Eckman was placed in a hold over cell awaiting the booking process and documented cell checks were conducted every 15 minutes where Eckman was observed conversing with other inmates and acting normal at the time of the cell checks. At approximately 2:15 on 8/26/17, a jailer conducting cell checks noticed Eckman shaking uncontrollably and sweating profusely. The jailer spoke with Eckman who told the jailer he swallowed approximately 0.5 gram of methamphetamine when the Lorena police officer initiated the traffic stop. Eckman was transported to Providence Health Center by patrol unit where he became unresponsive and placed on life support equipment. Eckman was removed from life support after his family arrived at the hospital and later died. An autopsy was ordered by Judge Diane Hensley and Eckman's body was sent to the South Western Institute of Forensic Sciences where an autopsy was conducted. The results of the autopsy are "pending" the results of toxicology.