KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-570-C	Version Type:	ORIGINAL VERSION
Report Date:	11/1/2017 1:15 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

Director Salutation:	Chief	Director First Name:	Joel
Director Middle Name:			
Director Last Name:	Fitzgerald		
Reporter Name:	Patrick Henz	Reporter Email:	patrick.henz@fortworthtexas.gov

Decedent Information

Identity of Deceased

First Name: William

Middle Name: James

Last Name: Whitfield

Suffix:

Date of Birth: 10/31/1976 Sex: Male

Race: Anglo or White

Age At Time Of Death: 40

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

Date/Time of Custody or Incident: 10/20/2017 11:05 PM

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

Death Date and Time: 10/21/2017 12:28 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: Pending autopsy results

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: 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?: 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: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address:	3300 Airport Frwy	City:	Fort Worth
County:	Tarrant	Zip:	76102

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: Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

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: Dead on arrival at 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:

Evading Arrest

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: 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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	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:	Yes
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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

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

Summary:

Officers observed the subject leave a motel that is a known drug location. The subject committed a traffic violation at which time Officers initiated a traffic stop. The subject failed to stop and a pursuit ensued. Officers deployed spike strips to enable the vehicle. Once the vehicle came to a stop, the subject exited his vehicle and laid down on the ground. Officers approached the subject and handcuffed him. Officers observed the subject sweating profusely and was having trouble breathing. An ambulance was requested. When paramedics arrived, the subject stopped breathing. As paramedics started administering first aid, a baggie of what appeared to be drugs was found inside the subject mouth. This was removed and first aid resumed. The subject was transported to the hospital where he died upon arrival.