KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-65-C	Version Type:	AMENDED
Report Date:	2/18/2017 10:21 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Abilene Police Dept.	Agency Address:	450 Pecan St.
Agency City:	Abilene	Agency State:	TX
Agency Zip:	79602		

Director Information

Director Salutation:	Chief	Director First Name:	Stan
Director Middle Name:			
Director Last Name:	Standridge		
Reporter Name:	Gerald Moran	Reporter Email:	gerald.moran@abilenetx.com

Decedent Information

Identity of Deceased

First Name: Jeremy

Middle Name: Jason

Last Name: Johnston

Suffix:

Date of Birth: 11/16/1974 Sex: Male

Race: Anglo or White

Age At Time Of Death: 42

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

Date/Time of Custody or Incident: 2/1/2017 3:35 AM

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

Death Date and Time: 2/1/2017 4:11 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Subject suffered from excited delirium and had cocaine and alcohol in system at time of death. According to autopsy the subject had an enlarged heart.

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?: 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:	Hwy 351/E. Overland Trail	City:	Abilene
County:	Taylor	Zip:	79602

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:

Custody of Law Enforcement Personnel subsequent to arrest

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:

Public Intoxication

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: Medical / Mental Health assistance call

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?:	Yes
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:	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 were called to the scene in which multiple motorists had called in on a subject yelling for help and pounding on windows of passing vehicles. Citizens were unsure if the subject had been involved in a motor vehicle accident or was simply intoxicated. Upon arrival officers contacted the subject wearing a shirt and pair of boxer shorts and was perched on the hood of another citizens vehicles. Abilene Police were assisted by Abilene Christian University police as well. Fire and EMS were on scene due to the possibility of it being a vehicle accident.

Officers recognized the subject to be intoxicated and took him into custody using an arm bar as he was not initially compliant. The actions of the officers were recorded on dash cam. Once in custody with handcuffs he was place in the back of a patrol unit. Officers recognized the subjects pupils were dilated and the subject was becoming unresponsive. Officers requested assistance from medical personnel on scene. The subject had shallow breathing and an elevated heart rate. The subject was transported to Hendrick Medical Center by ambulance. Once there the subject passed away at the hospital. One hour after time of death the subject still had a core temperature of 102.8.