KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-660-CJ	Version Type:	AMENDED
Report Date:	11/27/2017 4:00 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Parker County Sheriff's Dept.	Agency Address:	129 Hogle St.
Agency City:	Weatherford	Agency State:	TX
Agency Zip:	76086		

Director Information

Director Salutation:	Sheriff	Director First Name:	Larry
Director Middle Name:			
Director Last Name:	Fowler		
Reporter Name:	Kristofor Borgman	Reporter Email:	kborgman@lasallecorrections.com

Decedent Information

Identity of Deceased

First Name: Lauren

Middle Name: Denay

Last Name: Birnie

Suffix:

Date of Birth: 6/4/1990 Sex: Female

Race: Anglo or White

Age At Time Of Death: 27

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

Date/Time of Custody or Incident: 11/8/2017 7:35 PM

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

Death Date and Time: 11/8/2017 11:44 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Methamphetamine Toxicity

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Unknown

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: 713 Anderson St
City: Weatherford
County: Parker
Zip: 76086

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

Location Category: Other, specify

Other Location Category:

Medical City Weatherford Hospital

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 - holding 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: 11/8/2017 7:35 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?: 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:

DWI W/ Child under 15 YOA

Offense 2:

Resist arrest search or transport

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?: No

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:

Today; November 9, 2017 at approximately 04:59am I, Warden Ron King, was called by ADO LT. Griffin notifying me that the on-duty shift was experiencing a "Code-Blue" Medical emergency with Inmate/Offender Birnie, Denay SO# 11-65944. Staff was giving CPR to Inmate/OFfender Birnie until EMS arrived at approximately 05:04 am and took over all life- saving measures. EMS exited the facility at approximately 05:17 am to transport I/M Birnie to Medical City/Weatherford Hospital. Ms. Denay Birnie was pronounced deceased at 05:34 am by hospital staff Doctor; Dr. George Khalil