KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-676-CJ	Version Type:	ORIGINAL VERSION
Report Date:	12/21/2017 9:50 AM	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: STEPHEN

Middle Name: MICHAEL

Last Name: SANDERS

Suffix:

Date of Birth: 5/11/1959 Sex: Male

Race: Anglo or White

Age At Time Of Death: 58

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

Date/Time of Custody or Incident: 9/17/2017 2:43 AM

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

Death Date and Time: 10/7/2017 10:44 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 pending

What was the manner of death? (select only one)

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Hypertensive and atherosclerotic disease

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?:	Could not be determined

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

Means of Death:	Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address:	3201 E State Hwy 6	City:	Waco
County:	McLennan	Zip:	76705

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

Location Category:	Law Enforcement Facility

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:	9/16/2017 11:59 PM

Where did the death occur?

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:

Unauthorized Absence from a County Correctional Center

Offense 2:

False Report

Offense 3:

Criminal Trespass

Were the Charges:: Convicted

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:

Non-violent crimes

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?:	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:	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:

Mr. Sanders was booked into the McLennan County Jail and housed int he Medical Ward due to having a broken hand. According to witnesses, Mr. Sanders sat on his bunk all day and read books. Mr. Sanders got up and went into the shower area when the witnesses heard a "thud" a short time later and found Mr. Sanders unresponsive. Officers and medical staff immediately responded and began CPR, but were unsuccessful in reviving Mr. Sanders.