KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 18-107-CJ | Version Type: | ORIGINAL VERSION |
| Report Date: | 2/26/2018 11:56 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: Jimmy

Middle Name: Lloyd

Last Name: Cummings

Suffix: Jr.

Date of Birth: 6/12/1961 Sex: Male

Race: Anglo or White

Age At Time Of Death: 56

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

Date/Time of Custody or Incident: 1/6/2018 6:39 PM

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

Death Date and Time: 1/9/2018 1:45 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: Natural

## Medical Cause of Death:

Medical Cause of Death:

Gastrointestinal hemorrhage, gastroesophageal junction laceration with contributing factor of atherosclerotic cardiovascular 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?

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|---|---|
| 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?

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|---|---|
| Pre existing medical condition?: | Deceased developed condition after admission |

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

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

# Location / Custody Information

### Where did the event causing the death occur?

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

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

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|---|---|
| Location Category: | Law Enforcement Facility |

### What type of custody/facility was the Decedent in at the time of death:

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|---|---|
| Type of Custody: | County Jail |

### Specific type of custody/facility:

Specific Type of Custody/Facility:

Jail - single 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):

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|---|---|
| Entry Date Time: | 1/6/2018 6:39 PM |

### Where did the death occur?

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|---|---|
| Death Location: | Medical facility |

## General Information

### Did any other law enforcement agencies respond to calls for service related to this incident?

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|---|---|
| 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:

Driving while license invalid (enhanced)-B Misdemeanor

Offense 2:

Warrant-Theft U/$50/Failure to Appear

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): | 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: | 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:

On 1/6/18, Jimmy Cummings was brought into the McLennan County Jail by the Waco Police Department on an instanter charge of Driving While License Invalid-Class B Misdemeanor and a Class C Misdemeanor warrant for Theft U/$50 -Failure to Appear. Mr. Cummings informed medical staff he would detox from the effects of heroin use and was housed in a single person cell in the medical unit for observation. On 1/9/18, while officers were assisting Mr. Cummings with a shower in the medical unit, he became unresponsive and cardio pulmonary resuscitation was immediately started by the jail's doctor, who was present conducting jail sick call. Mr. Cummings was transported by ambulance to Scott & White Baylor Medical Center where he was pronounced deceased by the emergency department physician.