KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-599-CJ	Version Type:	AMENDED
Report Date:	1/8/2019 9:10 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Travis County Sheriff's Dept.	Agency Address:	5555 Airport Blvd.
Agency City:	Austin	Agency State:	TX
Agency Zip:	78751		

Director Information

Director Salutation:	Sheriff	Director First Name:	Sally
Director Middle Name:			
Director Last Name:	Hernandez		
Reporter Name:	Inocencio Flores	Reporter Email:	inocencio.flores@traviscountytx.gov

Decedent Information

Identity of Deceased

First Name: Ronald

Middle Name: Lynn

Last Name: Hall

Suffix:

Date of Birth: 8/1/1962 Sex: Male

Race: Anglo or White

Age At Time Of Death: 55

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

Date/Time of Custody or Incident: 4/26/2017 12:27 AM

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

Death Date and Time: 7/8/2018 10:19 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: Natural

Medical Cause of Death:

Medical Cause of Death:

Hypertensive 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:	Unknown

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:	3614 Bill Price Road	City:	Del Valle
County:	Travis	Zip:	78617

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:

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):

Entry Date Time: 7/7/2018 5:33 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:

Driving While Intoxicated - 3rd or more

Offense 2:

Offense 3:

Were the Charges:: A probation/parole violation

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):	Unknown	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	Exhibit any medical problems?:	Unknown

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		Gain possession of officer's	

officer(s):	No	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:

Inmate was in a one person cell located in a Health Services building. Inmate was found lying on the floor, shaking and "flopping" on the floor. Medical staff were summoned and an EMS unit was requested. The EMS unit transported the inmate to a local hospital. Inmate was taken into the emergency room and CPR procedures were implemented (or continued). Inmate was pronounced dead at 10:19 AM on 07-08-18. Autopsy examination and results are pending.

The Travis County Medical Examiner's Report was completed by Deputy Medical Examiner Leisha E. Wood (Report ME 18-03347). Dr. Wood determined the Cause of Death to be Hypertensive Cardiovascular Disease. The Manner of Death was determined to be Natural. The report is dated 09-04-18.