KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-927-CJ	Version Type:	ORIGINAL VERSION
Report Date:	9/25/2018 2:40 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Wichita County Sheriff's Dept.	Agency Address:	900 Seventh Street
Agency City:	Wichita Falls	Agency State:	TX
Agency Zip:	76301		

Director Information

Director Salutation:	Sheriff	Director First Name:	David
Director Middle Name:			
Director Last Name:	Duke		
Reporter Name:	William Rutledge, Deputy Chief	Reporter Email:	William.rutledge@co.wichita.tx.us

Decedent Information

Identity of Deceased

First Name: Joe

Middle Name: Dale

Last Name: Johnson

Suffix:

Date of Birth: 12/31/1956 Sex: Male

Race: Anglo or White

Age At Time Of Death: 61

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

Date/Time of Custody or Incident: 1/2/2018 6:45 PM

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

Death Date and Time: 9/6/2018 6:28 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: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Unknown pending autopsy

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

Medical Treatment: Yes

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?: Deceased developed condition after admission

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

Means of Death: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	2813 East Central Freeway	City:	Wichita Falls
County:	Wichita	Zip:	76301

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:

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:

Aggravated Sexual Assault of a Child

Offense 2:

Offense 3:

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Crimes Against Child(ren)

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:	Unknown	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 September 02, 2018 at approximately 1129 hours detention officer of the Wichita County Sheriff's Office opened the solitary cell that the deceased was housed in. The DO opened the cell to conduct a welfare check on the inmate due to the fact that he had not moved in approximately four hours. The inmate was laying in his bunk on his right side. When the DO checked on the inmate he was found to be unresponsive and the on site nurse was notified along with first responders and an ambulance.

The inmate was transferred to the emergency room of the United Health Care Systems Hospital located at 1600 11th Street. It was determined by medical staff that the inmate had a brain bleed and emergency surgery was done to relieve the pressure on the brain. The inmate remained on a ventilator until it was removed on September 06, 2018 and was declared deceased by medical staff at 1828 hours.

The body was sent to Southwest Forensic Institute in Dallas for an autopsy. The autopsy was conducted on September 08, 2018 and the results of the autopsy are pending.