KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-1193-CJ	Version Type:	AMENDED
Report Date:	5/12/2020 10:53 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Llano County Sheriff's Dept.	Agency Address:	2001 N. State Highway 16, Suite A
Agency City:	Llano	Agency State:	TX
Agency Zip:	78643		

Director Information

Director Salutation:	Sheriff	Director First Name:	William
Director Middle Name:	D		
Director Last Name:	Blackburn		
Reporter Name:	PATRICIA HOLLAND	Reporter Email:	pat.holland@co.llano.tx.us

Decedent Information

Identity of Deceased

First Name: BENJAMIN

Middle Name: BRADEN

Last Name: HOFFMAN

Suffix:

Date of Birth: 3/23/1978 Sex: Male

Race: Anglo or White

Age At Time Of Death: 41

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

Date/Time of Custody or Incident: 10/28/2019 5:32 PM

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

Death Date and Time: 10/29/2019 1:00 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:

Heart 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?: Pre-existing medical condition

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:	2001 HWY 16 NORTH	City:	LLANO
County:	Llano	Zip:	78639

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 - detox 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:	10/28/2019 4:30 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:

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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): N/A

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:

INMATE BENJAMIN HOFFMAN HAS A HISTORY OF ALCOHOLISM WHICH LLANO COUNTY JAIL WAS AWARE OF SO HE WAS PLACED ON A 15 MINUTE WATCH IN THE DETOX CELL. HE PARTICIPATED IN MAGISTRATION AND AT APPROXIMATELY 11:00 AM HE CAME TO THE DOOR TO HIS CELL TO RETRIEVE HIS LUNCH TRAY. HE ASKED THE JAILER FOR A CUP OF TEA, WHICH WAS GIVEN. AT APPROXIMATELY 12:24 PM, I, CAPTAIN PATRICIA HOLLAND WALKED PAST THE DETOX CELL AND NOTICED BENJAMIN HOFFMAN LAYING ON HIS LEFT SIDE, APPEARING TO BE SLEEPING. AT 12:25 PM ON MY WAY BACK PAST THE DETOX CELL, I WAS ABLE TO SEE INMATE HOFFMAN FROM A DIFFERENT ANGLE AND NOTICED HIS FACE THAT DIDN'T APPEAR RIGHT. I BANGED ON THE GLASS TO GET HIS ATTENTION AND DID NOT GET A RESPONSE. I IMMEDIATELY WENT TO INTO HIS CELL WITH ANOTHER JAILER AND NOTICED NO SIGNS OF LIFE. I IMMEDIATELY STARTED CPR AND HAD EMS IN TRANSIT. CPR WAS PERFORMED FOR 40 MINUTES WITHOUT A RESPONSE. EMS, ACTING UPON DIRECTION FROM A PHYSICIAN SUPERVISOR, STOPPED ALL LIFE SAVING MEASURES. JUSTICE OF THE PEACE WAS CALLED AND PRONOUNCED BENJAMIN HOFFMAN DECEASED AT 1:00 PM.