KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-1313-CJ	Version Type:	ORIGINAL VERSION
Report Date:	9/30/2020 10:10 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Smith County Sheriff's Office	Agency Address:	227 N. Spring Ave.
Agency City:	Tyler	Agency State:	TX
Agency Zip:	75702		

Director Information

Director Salutation:	Sheriff	Director First Name:	Larry
Director Middle Name:	R		
Director Last Name:	Smith		
Reporter Name:	William Phariss	Reporter Email:	wphariss@smith-county.com

Decedent Information

Identity of Deceased

First Name: John

Middle Name: Paul

Last Name: Baker

Suffix:

Date of Birth: 10/17/1983 Sex: Male

Race: Black or African American

Age At Time Of Death: 36

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

Date/Time of Custody or Incident: 1/16/2020 8:52 PM

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

Death Date and Time: 9/18/2020 12:05 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 pending

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

Manner of Death:	Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Pending autopsy results

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?:	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: 4111 University Blvd

City: Tyler

County: Smith

Zip: 75701

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

Location Category: Other, specify

Other Location Category:

Hospice of East Texas

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:

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?: 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:

Theft Prop <$2,500 2/More Prev Conv

Offense 2:

Theft Prop <$2,500 2/More Prev Conv

Offense 3:

Theft Prop <$2,500 2/More Prev Conv

Were the Charges:: Filed

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

Type of Offense: Crime Against Property

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?:	Yes
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:

Inmate John Baker (SO # 128244) was scheduled for regular dialysis treatments due to renal failure. On Thursday, September 10, 2020, Inmate Baker was transported to the emergency room from the dialysis treatment facility after displaying a fever. Inmate Baker was subsequently admitted at Christus Trinity Mother Frances Hopsital the same day. Inmate Baker recieved a dialysis treatment on Friday, September 11, 2020. On Sunday, September 13, 2020, Inmate Baker advised Deputy Bobbie Maxey, who was assigned to his direct supervision, that he was "tired and just wants to go in peace". On the same date, Inmate Baker later advised physician, Moinuddin Shaikh, MD that he decided against any further treatment and wished to have comfort care. From this point on, Inmate Baker began refusing medication and food, only taking fluids. On Monday, September 14, 2020, Inmate Baker was transported to The Hospice of East Texas, from the hospital, after continuing to refuse all medical treatment. Under continued constant supervision and with no further medical treatment received, Inmate Baker was pronounced deceased at 0005 hours, Friday, September 18, 2020.