KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 20-1717-CJ | Version Type: | ORIGINAL VERSION |
| Report Date: | 12/3/2020 3:10 PM | Status: | Submitted |

### Agency/Facility Information

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|---|---|---|---|
| Agency Name: | Tarrant County Sheriff's Dept. | Agency Address: | 200 Taylor St., Plaza Bldg. 7th Floor |
| Agency City: | Fort Worth | Agency State: | TX |
| Agency Zip: | 76196 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Bill |
| Director Middle Name: | | | |
| Director Last Name: | Waybourn | | |
| Reporter Name: | Charles Brogdon | Reporter Email: | cgbrogdon@tarrantcounty.com |

## Decedent Information

### Identity of Deceased

First Name: Rory

Middle Name: Glen

Last Name: Johnson

Suffix:

Date of Birth: 4/13/1960

Sex: Male

Race: Black or African American

Age At Time Of Death: 60

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

Date/Time of Custody or Incident: 5/18/2020 8:23 AM

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

Death Date and Time: 11/9/2020 11:24 PM

## Manner / Cause of Death

### Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

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

Manner of Death: Natural

## Medical Cause of Death:

Medical Cause of Death:

Cardiac Arrest as a result of COVID19.

## 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: 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: | 1500 South Main Street | City: | Fort Worth |
| County: | Tarrant | Zip: | 76104 |

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

Location Category: Other, specify

Other Location Category:

Jail facility located within John Peter Smith Hospital.

## 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: 11/3/2020 11:24 AM

## 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:

Aggravated Assault Deadly Weapon

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: Other, specify

Type of Offense, Other:

Subject was already in custody at the time of the incident/death.

## 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?: | Unknown | 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 05-18-2020, Rory Johnson was booked into the Tarrant County Jail for a Fort Worth PD charge of Aggravated Assault, Deadly Weapon. On 11-03-2020, Inmate Johnson was sent from the Tarrant County Greenbay Jail Facility to the John Peter Smith Hospital for further medical evaluation of suspected COVID19. On 11-03-2020, at 7:00 PM, Inmate Johnson was admitted into John Peter Smith Hospital, room P403 for pneumonia due to COVID19. On 11-08-2020, at 12:53 AM, Inmate Johnson was transferred to the COVID Intensive Care Unit, bed #15 due to low oxygen levels and was intubated. On 11-09-2020 at 10:44 PM, Inmate Johnson's heart rate dropped to zero. Life saving efforts were administered by Hospital staff until he was pronounced deceased by Dr. Paras Patel at 11:24 PM. The Tarrant County Medical Examiner's Office declined jurisdiction due to Inmate Johnson being under a Doctor's care at the time of death.