KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-1747-CJ	Version Type:	ORIGINAL VERSION
Report Date:	12/7/2020 2:31 PM	Status:	Submitted

Agency/Facility Information

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: Nancy

Middle Name: Lynn

Last Name: Nielsen

Suffix:

Date of Birth: 5/11/1964 Sex: Female

Race: Anglo or White

Age At Time Of Death: 56

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

Date/Time of Custody or Incident: 11/16/2020 12:45 PM

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

Death Date and Time: 12/7/2020 10:10 AM

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:

Stage IV Cancer

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:	1500 S. 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:

County Hospital, 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: 11/16/2020 12:45 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:

Violation of Bond Conditions

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: Other, specify

Type of Offense, Other:

Violation of court ordered bond conditions

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:	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Leg Shackles

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

Inmate Nielsen, Nancy L. (White Female, DOB 05-11-1964, SS# 002-62-7703, TX ID# 18947665) was booked into custody on November 16, 2020 at 12:45 pm on a Violation of Bond Conditions warrant issued by Tarrant County Criminal Court #5. On November 24, 2020, Nielsen was transferred to John Peter Smith (JPS) Hospital for stage IV cancer treatment. Dr. Gohar at JPS pronounced Nielsen deceased at 10:10 am on Monday, December 7, 2020. Dr. Gohar advised TCSO that he would be signing the death certificate which means there will be no autopsy by the T.C.M.E. The death investigation is being assigned to Detective R. Garcia, 817-884-1272 and rmgarcia@tarrantcounty.com, for the in-house investigation (#2020-14026) and Texas Ranger McDonald will be conducting his investigation.