KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 20-1932-CJ | Version Type: | AMENDED |
| Report Date: | 4/28/2021 6:35 PM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Palo Pinto County Sheriff's Dept. | Agency Address: | PO BOX 279 |
| Agency City: | Palo Pinto | Agency State: | TX |
| Agency Zip: | 76484 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Brett |
| Director Middle Name: | | | |
| Director Last Name: | McGuire | | |
| Reporter Name: | Gregg Doyle | Reporter Email: | gregg.doyle@co.palo-pinto.tx.us |

## Decedent Information

### Identity of Deceased

First Name: James

Middle Name: Daniel

Last Name: Banks

Suffix:

Date of Birth: 9/21/1964 Sex: Male

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: 7/14/2020 5:00 PM

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

Death Date and Time: 12/25/2020 10:15 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:

Atherosclerotic Cardiovascular Disease

## 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?

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|---|---|
| Pre existing medical condition?: | Could not be determined |

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

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|---|---|
| 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: | 400 SW 25th Avenue | City: | Mineral Wells |
| County: | Palo Pinto | Zip: | 76067 |

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

Location Category: Other, specify

Other Location Category:

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: 12/25/2020 6:30 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?: 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:

Failure to comply/Sex offenders duty to register/ annual F3

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: | 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 had several medical conditions that he was being treated for. However, a few days prior to his death he had been trans ported to PPGH ER with symptoms of a heart attack. He refused to let medical staff treat him and was returned to the jail AMA. On December 25 he again complained of symptoms of a heart attack and was ill. He requested to be transported to the hospital so that he could be made comfortable but did not want to be treated for his heart condition. It was indicated that he was actively having a heart attack but again refused to let them treat him. He was admitted to the hospital and at appx. 10:15 pm while nursing staff was trying to get him from a potty chair to the bed he became unresponsive. Due to the fact that he had signed a DNR no attempt to resuscitate him was attempted.
Ranger Sgt. Anthony Bradford with the Texas Department of Public Safety Rangers Service was called to conduct an investigation and an autopsy was ordered. Neither Ranger Bradford's report nor the autopsy report is available at this time. / EOR GD