KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-385-UF	Version Type:	AMENDED
Report Date:	7/1/2020 11:22 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Irving Police Dept.	Agency Address:	305 N. O'Connor Rd.
Agency City:	Irving	Agency State:	TX
Agency Zip:	75061		

Director Information

Director Salutation:	Chief	Director First Name:	Jeff
Director Middle Name:			
Director Last Name:	Spivey		
Reporter Name:	Eric Curtis	Reporter Email:	ecurtis@cityofirving.org

Decedent Information

Identity of Deceased

First Name: Jacky

Middle Name: Wayne

Last Name: Rice

Suffix:

Date of Birth: 3/2/1966 Sex: Male

Race: Anglo or White

Age At Time Of Death: 54

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

Date/Time of Custody or Incident: 4/5/2020 7:47 PM

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

Death Date and Time: 4/5/2020 9:15 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Toxic effects of methamphetamine.

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Not Applicable

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?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

Means of Death: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address:	615 Oak Ridge	City:	Irving
County:	Dallas	Zip:	75061

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

Location Category: Residence/Home

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Pre-Custodial Use of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

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:

Aggravated Assault Against Public Servant

Offense 2:

Offense 3:

Were the Charges::	Not filed at time of death

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

Type of Offense:	Medical / Mental Health assistance call

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?:	Yes (select all that apply)
Ways Decedent Attempted To Injure Others:	Injured civilian(s) or other inmate(s)

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs):	Yes	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:	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:	Other device, specify
Other device, specify:	Fire Department gurney seat belt, Fire Department spider restraints, and handcuffs.

Summary of Incident

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

Summary:

On April 5, 2020 at 1947 hours, Irving PD received a phone call from a neighbor who saw the deceased lying in his front yard since 1400 hours. Officers contacted the deceased who was snoring. They tried to wake the deceased and he began rolling on the ground and screaming. They called for the Irving Fire Department to assist them. When Irving FD arrived they determined that the deceased needed to be transported to Parkland Hospital. The deceased was placed into the ambulance where he began to fight with firefighters (raising up from the gurney and swinging his arms). The deceased bit a firefighter on his left thumb, causing an injury.

Firefighters asked the police officers to handcuff the deceased so that they could provide medical treatment. An officer assisted the firefighters with handcuffing the deceased to the gurney. The officers then left the ambulance and followed the ambulance to Parkland Hospital. When they arrived at Parkland Hospital, the firefighters told the officers that they were performing CPR on the deceased and asked that they remove the handcuffs to transfer him to a hospital bed. The officers removed the handcuffs and the deceased was treated by hospital staff. He was pronounced dead at 2115 hours at Parkland Hospital.