KEN PAXTON
ATTORNEY GENERAL of TEXAS

**CUSTODIAL DEATH REPORT**

# Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 20-579-CJ | Version Type: | AMENDED |
| Report Date: | 1/8/2021 9:29 AM | 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: | Donnie Denton | Reporter Email: | dpdenton@tarrantcounty.com |

# Decedent Information

### Identity of Deceased

First Name: Javonte

Middle Name: Lakendrick

Last Name: Myers

Suffix:

Date of Birth: 11/25/1991

Sex: Male

Race: Black or African American

Age At Time Of Death: 28

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

Date/Time of Custody or Incident: 6/17/2020 3:41 AM

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

Death Date and Time: 6/19/2020 4:50 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:

Seizure disorder.

## 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?

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|---|---|---|---|
| Street Address: | 600 West Weatherford Street | City: | Fort Worth |
| County: | Tarrant | Zip: | 76196 |

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

| | |
|---|---|
| Location Category: | Law Enforcement Facility |

### 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: |
|---|
| Jail - single cell |

### 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):

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|---|---|
| Entry Date Time: | 6/18/2020 2:35 AM |

### Where did the death occur?

| | |
|---|---|
| Death Location: | Scene of incident |

## 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:

Criminal Trespass

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: Other, specify

Type of Offense, Other:

Criminal Trespass

## 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?: Yes

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: | Unknown | | |

### 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 June 19, 2020 at approximately 1628 hrs. Inmate Myers, Javonte was discovered in his cell unresponsive. A code was called and medical personnel responded to treat the inmate. An AED was placed on him and chest compressions were initiated. The AED stated to continue chest compressions. No shocks were advised nor administered. Inmate Myers was declared deceased by Medstar EMT at 1650 hrs.