KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-1537-CJ	Version Type:	ORIGINAL VERSION
Report Date:	11/17/2021 10:00 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Ector County Sheriff's Ofc.	Agency Address:	2500 S. Highway 385
Agency City:	Odessa	Agency State:	TX
Agency Zip:	79761		

Director Information

Director Salutation:	Sheriff	Director First Name:	Michael
Director Middle Name:			
Director Last Name:	Griffis		

Reporter Name:	Randy Dominguez	Reporter Email:	randy.dominguez@ectorcountysheriff.us

Decedent Information

Identity of Deceased

First Name: CHARLES

Middle Name: EDWIN

Last Name: WHITACRE

Suffix:

Date of Birth: 3/31/1958 Sex: Male

Race: Anglo or White

Age At Time Of Death: 63

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

Date/Time of Custody or Incident: 8/2/2021 10:37 PM

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

Death Date and Time: 11/16/2021 4:35 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 pending

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

DECEASED TESTED POSITIVE FOR COVID-19 IN OCTOBER WHILE IN CUSTODY OF THE ECTOR COUNTY DETENTION CENTER. ON OCTOBER 13TH HE WAS TRANSPORTED TO MEDICAL CENTER HOSPITAL FOR DIFFICULTIES WITH THE VIRUS. THE DECEASED FINALLY RECOVERED FROM COVID-19 IN NOVEMBER BUT STAYED IN THE HOSPITAL WITH OTHER MEDICAL ISSUES. AFTER RECOVERING FROM COVID-19 HE CONTRACTED PNEUMONIA WHILE STILL AT THE HOSPITAL. WHILE DEALING WITH THE PNEUMONIA THE DECEACED WAS PLACED ON A VENTILATOR. DUE TO COMPLICATIONS WITH THE ILLNESS HE PASSED AWAY ON 11-16-2021 AT 4:35PM UNDER THE CARE OF MEDICAL PERSONNEL.

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?

Street Address:	2500 S. US Hwy 385	City:	Odessa
County:	Ector	Zip:	79763

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:
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:	8/1/2021 10:37 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:

AGGRAVATED ASSAULT WITH A DEADLY WEAPON

Offense 2:

AGGRAVATED ASSAULT WITH A DEADLY WEAPON

Offense 3:

ASSAULT FV

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: Violent Crime Against Persons

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):	Unknown	Make suicidal statements?:	No
Exhibit any mental health problems?:	Unknown	Exhibit any medical problems?:	Unknown

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:

The deceased (Charles Edwin Whitacre DOB 03-31-1958), was arrested on 08-01-2021 at 10:37 PM for several charges including two counts of Aggravated Assault with a deadly weapon. Charles was transported to the Ector County Detention Center without incident. Sometime in October Charles contacted Covid-19 while in custody of the Ector County Detention Center. While battling Covid-19 Charles was transported to Medical Center Hospital on October 13th, 2021 for complications with the illness. While in the care of medical staff at Medical Center Hospital Charles was able to recover from Covid-19, but developed pneumonia as a result to having covid. Charles was later placed on a ventilator and remained on a ventilator for several days. Charles did not improve on the ventilator and his condition worsened as the days passed. On November 16th, 2021, at 4:37hrs Charles passed away from his illness. The Texas Rangers were notified and the custodial death report was made.