KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-219-CJ	Version Type:	ORIGINAL VERSION
Report Date:	3/1/2021 11:18 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: David

Middle Name: Ray

Last Name: King

Suffix:

Date of Birth: 11/26/1956 Sex: Male

Race: Anglo or White

Age At Time Of Death: 64

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

Date/Time of Custody or Incident: 2/19/2021 12:56 AM

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

Death Date and Time: 2/19/2021 3:35 AM

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: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

medical issues

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:	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:
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):

Entry Date Time:	11/25/2021 9:31 AM

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:

sexual assault of a child felony 1

Offense 2:

sexual assault of a child felony 1

Offense 3:

indecency with a child f1

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?:	Yes
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:	No

Summary of Incident

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

Summary:

The Deceased suffered from a medical condition due to a GI Bleed in the stomach. Deceased under went a medical procedure in January of 2021 for the GI bleed. Also during the time he was incarcerated the deceased would refuse to eat at times due to his criminal case which he was facing. The refusal of eating started in December 18, 2020, and the last documented incident was February 11, 2021. The Jail staff supplemented him by providing meal supplement drinks, and IV fluids. He was monitored and treated by Jail staff and would be transported to the local hospital when in need of further medical assistance.