KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-237-CJ	Version Type:	AMENDED
Report Date:	3/9/2022 8:35 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:	Charles Brogdon	Reporter Email:	cgbrogdon@tarrantcounty.com

Decedent Information

Identity of Deceased

First Name: TIMOTHY

Middle Name: MATHEW

Last Name: RASOR

Suffix:

Date of Birth: 2/22/1958 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: 9/6/2020 3:53 PM

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

Death Date and Time: 2/22/2021 12:22 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:

blunt force injuries of head due to witnessed ground level fall

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?: Could not be determined

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

Means of Death: Other, specify

Means of Death Other: Accidental fall that was witnessed.

Location / Custody Information

Where did the event causing the death occur?

Street Address:	350 W. BELKNAP ST. / 1500 S. MAIN ST.	City:	FORT WORTH
County:	Tarrant	Zip:	76102

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 - day room/recreation area

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:	9/6/2020 3:53 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?: 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:

POSSESSION OF CONTROLLED SUBSTANCE PENALTY GROUP 1 UNDER 1 GRAM

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: Alcohol / drug offense

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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Leg Shackles

Summary of Incident

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

Summary:

Inmate Rasor, Timothy Mathew (W/M 02/22/1958 TX DL# 06401885 SS# 464-11-3513 TCSO CID# 0300452) was pronounced deceased by Dr. Rick Miller at 12:22 pm on 02/22/2021 while being treated at John Peter Smith Hospital (JPSH), the county hospital for Tarrant County. Rasor was transported to JPSH on 2/20/2021 at approximately 11:45 am for a life-threatening medical event. Rasor was booked into the Tarrant County Jail on September 6, 2020 on a charge of Possession of Controlled Substance under 1 gram – Penalty Group 1 by the Euless Police Department and the case was assigned to the 372nd District Court. TCSO Detective Mark Smith is investigating the case along with the Texas Rangers from Company B. Det. Smith contacted the Tarrant County Medical Examiner (TCME) to notify them of the death. The TCME advised that an autopsy would be conducted in this case.