KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-855-CJ	Version Type:	ORIGINAL VERSION
Report Date:	7/14/2021 9:52 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Parker County Sheriff's Office.	Agency Address:	129 Hogle St.
Agency City:	Weatherford	Agency State:	TX
Agency Zip:	76086		

Director Information

Director Salutation:	Sheriff	Director First Name:	Russ
Director Middle Name:			
Director Last Name:	Authier		
Reporter Name:	Ron King	Reporter Email:	rking@lasallecorrections.com

Decedent Information

Identity of Deceased

First Name: Helms

Middle Name: Eric

Last Name: Todd

Suffix:

Date of Birth: 5/25/1970 Sex: Male

Race: Anglo or White

Age At Time Of Death: 51

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

Date/Time of Custody or Incident: 5/28/2021 6:11 AM

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

Death Date and Time: 7/3/2021 10:00 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

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

Manner of Death: Could not be determined

Medical Cause of Death:

Medical Cause of Death:

Respiratory arrest/acute hypoxic respiratory failure.

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:	612 Jameson Street	City:	Weatherford
County:	Parker	Zip:	76086

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: 5/28/2021 6:11 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:

Theft of property, Felony 3rd degree

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: Crime Against Property

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:	No

Summary of Incident

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

Summary:

The on-duty staff working on 7/1/2021 at approximately 1:34 PM responded to single cell M-05 where Inmate Helms, Todd was found to be unresponsive by Correctional Officer Webb, C.
C/o Webb called a medical emergency to that location, numerous other officers and medical staff members responded to the cell and immediately started life saving measures.
EMS-Life Care arrived to the facility at approximately 1:44 PM and took over the scene.
EMS-Life Care exited the facility with Inmate Helms at approximately 1:52 PM transporting him to Medical City Weatherford Hospital, Inmate Helms was later transferred to Medical City Fort Worth Hospital at approximately 6:29 PM arriving there at approximately 7:08 PM.
The hospital staff was provided the contact information for Inmate Helms emergency contact (his mother), along with the facilities medical department's contact information.
Inmate Helms received a P.R. Bond at approximately 9:33 PM releasing him from the custody of the county.
Conclusion: on 7/3/2021 at approximately 4:35 PM on duty staff (SCO J. Smith) was contacted by the medical staff at Medical City Fort Worth Hospital that Todd Helms had passed away at approximately 10:00 AM on 7/3/2021.