KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-1084-CJ	Version Type:	ORIGINAL VERSION
Report Date:	8/12/2022 3:20 PM	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: kreasta

Middle Name:

Last Name: arnold

Suffix:

Date of Birth: 12/13/1975 Sex: Female

Race: Black or African American

Age At Time Of Death: 46

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

Date/Time of Custody or Incident: 5/25/2022 11:55 AM

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

Death Date and Time: 8/11/2022 8:13 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)

Pending autopsy

Manner of Death: results

Medical Cause of Death:

Medical Cause of Death:

Unknown cause of death at this time. Waiting for autopsy.

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: 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:	5/25/2022 11:54 AM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

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:

MTRP Credit Card Abuse SJF x5

Offense 2:

Fraud F3

Offense 3:

Were the Charges:: Convicted

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:

Inmate Arnold was brought into the ECLEC on warrants. While in custody she finally was sentence to 10 moths in TDCJ. After sentencing Inmate Arnold began to turn in medical slips to be checked out for dizziness and nausea. Inmate Arnold was seen and treated for the listed issues she complained about. On 07-25-2022 Inmate Arnold was taken to Medical Center Hospital for vomiting issues she was suffering from. After treatment Inmate Arnold returned to ECLEC on the same day. On 07-27-2022 Inmate Arnold was sent to MCH for further treatment for the dizziness and nausea she continued to complain about. Inmate Arnold was admitted to Medical Center Hospital. She received treatment at the hospital for approx. 11 days being released on 08-07-2022. Inmate Arnold began to refuse all medical treatment and medication which the medical staff sent her back to the ECLEC.
Once back at ECLEC Inmate Arnold continue to refuse all medications and began to refuse to eat or drink anything. Medical staff began to give nutritional shakes such as ensure and pedialyte for her electrolytes. Inmate Arnold was then placed on a 30 minute close watch which was being done from 08-07-2022 to her death on 08-11-2022.
At this time there were no signs of any injury or any listed suicidal issues for Inmate Arnold. Texas Rangers were contact and responded to ECLEC to lead the investigation.