KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-1566-CJ	Version Type:	AMENDED
Report Date:	5/15/2023 3:53 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Wichita County Sheriff's Office	Agency Address:	2815 E Central Freeway
Agency City:	Wichita Falls	Agency State:	TX
Agency Zip:	76302		

Director Information

Director Salutation:	Sheriff	Director First Name:	David
Director Middle Name:			
Director Last Name:	Duke		
Reporter Name:	Lisa Patterson	Reporter Email:	lisa.patterson@co.wichita.tx.us

Decedent Information

Identity of Deceased

First Name: Lawrence

Middle Name:

Last Name: McKinzie

Suffix:

Date of Birth: 8/19/1975 Sex: Male

Race: Anglo or White

Age At Time Of Death: 47

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

Date/Time of Custody or Incident: 9/11/2022 2:35 AM

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

Death Date and Time: 10/28/2022 1:48 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 are available

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

complications of recurrent abdominal hernia in conjunction with hypertensive cardiovascular disease and morbid obesity.

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: No

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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	2815 Central Freeway East	City:	Wichita Falls
County:	Wichita	Zip:	76310

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: 9/11/2022 2:35 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?: 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:

Fail to comply sex offender registration- life

Offense 2:

Resisting search/arrest/transportation

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: 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): No

Make suicidal statements?: No

Exhibit any mental health problems?: No

Exhibit any medical problems?: No

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?: Yes

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:

At approximately 0050 om 10/28/2022, officers and medical staff responded to a medical emergency in G Pod in referance to McKinzie, Lawrence. Inmate was in the handicap bathroom of the pod and was unable to stand. When officers arrived, inmate was responsive to staff. Staff attempted to assist the inmate to his feet. Inmate became unresponsive but was breathing. Officers attempted sternum rubs and amonia inhalents to get the inmate to repond. Inmate responded once to the amonia inhalent. The inmate again went unresponsive. Medical and detention staff placed the inmate on the stretcher an took him to the nurse's station. Medical staff and detention staff started CPR and applied the AED. At no time did the inmate regain consciousness and the AED never advised shock. AMR was notifed. Upon arrival, AMR intubated and started and IV on the inmate. The inmate was transported to United Regional Health Care system where live saving measures continued. At 0148, the emergency room doctor pronounced the inmate deceased. The body was sent for autopsy and results are pending.