KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-1710-CJ	Version Type:	ORIGINAL VERSION
Report Date:	12/15/2022 10:21 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Johnson County Sheriff's Dept.	Agency Address:	1102 E. Kilpatrick
Agency City:	Cleburne	Agency State:	TX
Agency Zip:	76031		

Director Information

Director Salutation:	Sheriff	Director First Name:	Adam
Director Middle Name:			
Director Last Name:	King		
Reporter Name:	David Blankenship	Reporter Email:	dblankenship@johnsoncountytx.org

Decedent Information

Identity of Deceased

First Name: Jay

Middle Name: Malcolm

Last Name: Runyon

Suffix:

Date of Birth: 9/7/1950 Sex: Male

Race: Anglo or White

Age At Time Of Death: 72

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

Date/Time of Custody or Incident: 11/11/2022 5:54 PM

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

Death Date and Time: 12/13/2022 4:13 PM

Manner / Cause of Death

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

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

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Systolic Heart Failure with Left Ventricle Thrombosis, Respiratory Failure with Hypoxia

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: 201 Walls Dr
City: Cleburne
County: Johnson
Zip: 76033

What location category best describes where the event causing the death occurred?

Location Category: Other, specify

Other Location Category:

Texas Health Resources Hospital

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:

Entry Date Time N/A: ☑

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:

Aggravated Sexual Assault of a Child

Offense 2:

Possession with Intent to Promote Child Pronography

Offense 3:

Violation of Parole

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):	Unknown	Make suicidal statements?:	Unknown
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:	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 Jay Runyon advised that he had pre-existing medical conditions when he was booked in to the Johnson County Jail which he reported was Hypertension, Hyperlipidemia, Neuropathy, Arthritis, and Alcohol Withdrawals. Inmate Runyon was being treated by the Johnson County Jail medical for his medical conditions, and withdrawal protocols were initiated. On December 3, 2022 Jail Medical advised that inmate Runyon was responsive but due to not being able to get good vitals, along with an altered mental state inmate Runyon was sent to the hospital by EMS. Inmate Runyon remained in the hospital where he was being

treated. On December 13, 2022, due to inmate Runyon declining health, he was placed on Hospice which was approved by his son Thomas Runyon. Inmate Runyon had a DNR in place. Inmate Runyon time of death was 4:13 pm on December 13, 2022.