KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-227-CJ	Version Type:	AMENDED
Report Date:	10/24/2022 9:30 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Young County Sheriff's Dept.	Agency Address:	315 N. Cliff Dr.
Agency City:	Graham	Agency State:	TX
Agency Zip:	76450		

Director Information

Director Salutation:	Sheriff	Director First Name:	Robert
Director Middle Name:	T		
Director Last Name:	Babcock		
Reporter Name:	John Orr	Reporter Email:	j.orr@youngcounty.org

Decedent Information

Identity of Deceased

First Name: JENNIFER

Middle Name: NICOLE

Last Name: RICKERT

Suffix:

Date of Birth: 8/23/1980 Sex: Female

Race: Anglo or White

Age At Time Of Death: 41

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

Date/Time of Custody or Incident: 2/19/2022 7:00 PM

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

Death Date and Time: 2/20/2022 10:53 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

SUBJECT WAS INVOLVED IN A DWI ACCIDENT PRIOR TO ARREST BY OLNEY PD. SUBJECT WAS MEDICALLY CLEARED BY HAMILTON HOSPITAL E.R. IN OLNEY TX AND BOOKED INTO YOUNG COUNTY JAIL WITHOUT INCIDENT. SUBJECT BECAME UNRESPONSIVE AND CPR WAS STARTED. SUBJECT WAS TRANSPORTED TO GRAHAM REGIONAL MEDICAL CENTER WHERE SHE WAS PRONOUNCED DEAD.

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

Medical Treatment: Not Applicable

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:	900 BLOCK OF WEST MAIN ST	City:	OLNEY
County:	Young	Zip:	76374

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

Location Category: Roadway/highway/street/sidewalk

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: 2/19/2022 7:00 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?: 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:

DWI 2ND

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): Yes

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:

RICKERT WAS ARRESTED BY OLNEY PD FOR DWI AFTER A VEHICLE ACCIDENT ON 2/19/2022 AROUND 1531 HRS. RICKERT WAS TRANSPORTED TO OLNEY HAMILTON HOSPITAL WHERE SHE WAS MEDICALLY CLEARED BY CHRISTIE MUNOZ MD, STATING SHE WAS ABLE TO BE TRANSPORTED TO YOUNG COUNTY JAIL FOR BOOKING. RICKERT WAS BOOKED INTO THE YOUNG COUNTY JAIL AROUND 1900 HRS. RICKERT WAS BOOKED IN A ROUTINE MANNER AND PLACED INTO A CELL BY HERSELF WITHOUT INCIDENT. RICKERT WAS ON A 30 MINUTE WATCH. AT 0550 HRS RICKERT WAS FOUND LAYING ON THE FLOOR AND WAS HELPED BACK INTO HER BUNK BY DENTENTION OFFICER. AT APPROXIMATELY 0915 HRS RICKERT WAS BEING PREPARED FOR ARRAINGMENT WHEN SHE WAS FOUND TO BE IN MEDICAL DISTRESS. RICKERT BECAME UNRESPONSIVE AROUND 0935 HRS AND EMS WAS CONTACTED. CPR WAS STARTED AT THE YOUNG COUNTY JAIL AND CONTINUED BY EMS UNTIL RICKERT WAS BROUGHT INTO THE GRAHAM REGIONAL MEDICAL CENTER E.R. MEDICAL PROCEEDURES WERE CONTINUED UNTIL SHE WAS DECLARED DEAD AT 1053 HRS.