KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 23-1397-CJ | Version Type: | AMENDED |
| Report Date: | 5/20/2024 4:44 PM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Tarrant County Sheriff's Office | Agency Address: | 200 Taylor St., Plaza Bldg. 7th Floor |
| Agency City: | Fort Worth | Agency State: | TX |
| Agency Zip: | 76196 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Bill |
| Director Middle Name: | | | |
| Director Last Name: | Waybourn | | |
| Reporter Name: | Richard Harwell | Reporter Email: | rbharwell@tarrantcountytx.gov |

## Decedent Information

### Identity of Deceased

First Name: William

Middle Name:

Last Name: Burns

Suffix:

Date of Birth: 6/18/1976 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: 1/31/2023 11:28 AM

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

Death Date and Time: 9/16/2023 7:51 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 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 metastatic gastric cancer

## 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?

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|---|---|
| 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)

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|---|---|
| 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?

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|---|---|
| Pre existing medical condition?: | Pre-existing medical condition |

## If death was an accident, homicide or suicide, what was the means of death?

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| 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: | 1500 N Main | City: | Fort Worth |
| County: | Tarrant | Zip: | 76104 |

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

Location Category: Other, specify

Other Location Category:

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: 1/31/2023 11:48 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:

Injury to a Child/Elderly/Disabled Person

Offense 2:

Aggravated Assault Family Member Deadly Weapon

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?: Unknown

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:

On 01/31/2023, William Burns CID #0473375, was booked into the Tarrant County Jail on charge Injury to a Child/Elderly/Disabled Person and charge Aggravated Assault Family Member SBI with Weapon. On 07/12/2023, Inmate Burns was admitted to John Peter Smith Hospital due to his diagnosis of stomach cancer. At the time of his death, Inmate Burns was on hospice care at John Peter Smith Hospital. Zona Facta Collective Corporal Nunly was in the room with Inmate Burns and observed that he had stopped breathing. He immediately notified the medical staff. Tarrant County Sheriff Detention Officer J. Juaregui #76135 came into the hospital room and remained. Inmate Burns was released to the Tarrant County Medical Examiner's Office (TCME case #2316860).

TCME ruled death as natural due to complications of metastatic gastric cancer.