KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1661-CJ	Version Type:	AMENDED
Report Date:	12/12/2023 3:49 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: CLYDE

Middle Name: K

Last Name: ALEXANDER

Suffix:

Date of Birth: 1/3/1975 Sex: Male

Race: Black or African American

Age At Time Of Death: 48

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

Date/Time of Custody or Incident: 6/28/2023 4:50 AM

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

Death Date and Time: 11/21/2023 5:37 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:

myocarditis

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: 1575 S Main St
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:

Correctional/Rehabilitation Facility

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: 6/28/2023 4:51 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:

ASSAULT FAMILY/HOUSEHOLD MEMBER W/PREV CONV (22.01(b)(2)(A)) - F3

Offense 2:

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: 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?: 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:

the in-custody death of Tarrant County Inmate ALEXANDER, CLYDE K, black male, DOB: 01/3/1975 CID #0378815, who had been house at the Tarrant County Jail at 100 N Lamar St, Fort Worth, Tarrant County, Texas 76196. Inmate Alexander had been in TCSO custody since 06/28/2023 after being sentenced to 4 years of state penitentiary time on one charge(s), ASSAULT FAMILY/HOUSEHOLD MEMBER W/PREV CONV (22.01(b)(2)(A)) - F3.

Inmate Alexander died on Tuesday, November 21, 2023 at John Peter Smith Hospital. Inmate Alexander was transported to John Peter Smith Hospital via ambulance on November 21, 2023 at around 0537 hours after experiencing a medical emergency (complaints of chest pain) in his pod on this date.

The Tarrant County Medical Examiner’s Office was notified and took possession of Inmate Alexander. Tarrant County Sheriff’s Detective Ramon Garcia RMGarcia@tarrantcounty.com 817-884-1272 has been assigned the death investigation (TCSO report 2023-16455). The Fort Worth Police Department Major Case Unit will perform an independent review of the case. Further documentation and reports will follow the investigation as they become available.

TCME ruled myocarditis Natural death