KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1823-CJ	Version Type:	ORIGINAL VERSION
Report Date:	2/8/2024 3:47 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	McLennan County Sheriff's Dept.	Agency Address:	901 Washington
Agency City:	Waco	Agency State:	TX
Agency Zip:	76701		

Director Information

Director Salutation:	Sheriff	Director First Name:	Parnell
Director Middle Name:			
Director Last Name:	McNamara		
Reporter Name:	Jason Davis	Reporter Email:	jason.davis@co.mclennan.tx.us

Decedent Information

Identity of Deceased

First Name: Robert

Middle Name:

Last Name: Hamilton

Suffix:

Date of Birth: 12/31/1973

Sex: Male

Race: Black or African American

Age At Time Of Death: 49

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

Date/Time of Custody or Incident: 5/5/2023 5:45 AM

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

Death Date and Time: 5/6/2023 1:10 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Toxic effect of multiple drugs including cocaine, methamphetamine, and phencyclidine.

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?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

Means of Death: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address:	3201 E. Marlin HWY	City:	Waco
County:	McLennan	Zip:	76705

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 - 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:	2/8/2024 3:43 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:

Public Intoxication

Offense 2:

Class C Violations

Offense 3:

Were the Charges:: Not filed at time of death

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?:	Unknown
Exhibit any mental health problems?:	Unknown	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:

Robert Hamilton was arrested for public intoxication and transported to McLennan County Jail by WPD following a call for service from Hillcrest Hospital. Upon intake Robert Hamilton refused to cooperate with suicide screening/intake process, and was placed on a moderate special observation. During the course of approximately 4 hours, Hamilton’s condition changes, requiring emergency medical attention. Hamilton was transported to Hillcrest, and released from custody. Hamilton died approximately 5 hours after release from custody.