KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-371-CJ	Version Type:	AMENDED
Report Date:	9/24/2024 9:32 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Wichita County Sheriff's Office	Agency Address:	2815 E Central Freeway
Agency City:	Wichita Falls	Agency State:	TX
Agency Zip:	76302		

Director Information

Director Salutation:	Sheriff	Director First Name:	David
Director Middle Name:			
Director Last Name:	Duke		
Reporter Name:	Lisa Patterson	Reporter Email:	lisa.patterson@co.wichita.tx.us

Decedent Information

Identity of Deceased

First Name: Cedric

Middle Name:

Last Name: Sartin

Suffix: Junior

Date of Birth: 7/4/1958 Sex: Male

Race: Black or African American

Age At Time Of Death: 65

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

Date/Time of Custody or Incident: 8/16/2003 3:54 PM

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

Death Date and Time: 3/25/2024 7:19 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:

Natural

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

Medical Treatment:	Unknown

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:	Other, specify
Means of Death Other:	Pending Autopsy

Location / Custody Information

Where did the event causing the death occur?

Street Address:	4400 Cypress Street	City:	Wichita Falls
County:	Wichita	Zip:	76310

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

Location Category: Other, specify

Other Location Category:

Inpatient hospice unit

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: 8/16/2023 3:54 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:

Murder

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: 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:

On 3/21/2024, Inmate Sartin, Cedric was sent to the local emergency room for shortness of breath, low oxygen saturation, and respiratory distress. He was admitted the same day. On 3/25/2024, while still in the hospital, inmate Sartin signed a DNR order and was placed on hospice care. At 1730 he was transported via AMR from the hospital to inpatient Hospice Care. At 1919, he was pronounced deceased by Hospice medical staff. The Texas Rangers were notified and began their investigation and an autopsy was ordered by the Justice of the Peace.

Inmate Sartin, prior to coming into custody, had a bilateral lung transplant. Prior to being arrested in Tarrant County, inmate Sartin attempted suicide. Once cleared from the hospital, our hold was added and he was placed in Tarrant County Jail. He was transported to our agency on 8/16/2023.