KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-231-CJ	Version Type:	AMENDED
Report Date:	3/26/2025 8:45 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Parker County Sheriff's Office.	Agency Address:	129 Hogle St.
Agency City:	Weatherford	Agency State:	TX
Agency Zip:	76086		

Director Information

Director Salutation:	Sheriff	Director First Name:	Russ
Director Middle Name:			
Director Last Name:	Authier		
Reporter Name:	Kristofor Borgman	Reporter Email:	kborgman@lasallecorrections.com

Decedent Information

Identity of Deceased

First Name: James

Middle Name: Fred

Last Name: Price

Suffix:

Date of Birth: 6/14/1970 Sex: Male

Race: Anglo or White

Age At Time Of Death: 54

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

Date/Time of Custody or Incident: 3/6/2024 5:19 PM

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

Death Date and Time: 3/24/2025 6:30 PM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

What was the manner of death? (select only one)

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Heart Attack

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; Unknown

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: 900 8th Ave
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:

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: 3/6/2024 5:19 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?: 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:

Poss Dangerous Drug

Offense 2:

Fail to ID Fugitive intent give false info

Offense 3:

Public Intox

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:

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 3/22/2025 at approximately 7:55 pm the on duty medical staff directed security staff to transport Inmate Price, James [PCSO # 24-95450] to Medical City Weatherford Hospital for further evaluation and care for abnormal vital signs (unreadable blood pressure) and low oxygen level.

Medical staff at MCW Hospital believed Inmate Price had or was having a heart attack, Inmate Price was placed on a support machine and transferred to Medical City Fort Worth Hospital for further care.

Update:
3/23/2025 at approximately 06:30 am, Inmate Price is in Room A-333 at MCFTW Hospital; Per Sheriff Authier the family has full visitation clearance.

All updates are being forwarded as norm, will include a conclusion when applicable.

1-book-in photo attached.
12-hours of video is being downloaded.

Conclusion:
On 3/24/2025 at approximately 1:50 pm the State of Texas and the County of Parker both fully released Mr. Price from custody; our officer on hospital guard duty cleared the hospital room at approximately 2:09 pm, Mr. Price had family members present and in the room.
At approximately 6:30 pm the facility received a call from a funeral home (unknown) in Fort Worth, Texas asking for the jail's billing information, they (unknown) stated that Mr. Price passed away and it was to pay for the funeral.

Additional information; We received the Texas Rangers report 6-23-2025 @ 2:33pm and is available upon request.