KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-489-CJ	Version Type:	ORIGINAL VERSION
Report Date:	6/30/2025 11:15 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Ector County Sheriff's Ofc.	Agency Address:	2500 S. Highway 385
Agency City:	Odessa	Agency State:	TX
Agency Zip:	79761		

Director Information

Director Salutation:	Sheriff	Director First Name:	Michael
Director Middle Name:			
Director Last Name:	Griffis		

Reporter Name:	Randy Dominguez	Reporter Email:	randy.dominguez@ectorcountysheriff.us

Decedent Information

Identity of Deceased

First Name: Crystal

Middle Name:

Last Name: Hale

Suffix:

Date of Birth: 6/12/1979 Sex: Female

Race: Anglo or White

Age At Time Of Death: 45

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

Date/Time of Custody or Incident: 5/19/2025 12:47 PM

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

Death Date and Time: 5/23/2025 9:35 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 pending

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Possible Brain Bleed

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?:	Could not be determined

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:	2500 s us hwy 385	City:	odessa
County:	Ector	Zip:	79760

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 - multiple occupancy 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:	5/19/2025 12:47 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:

MTAG Possession of control substance F3

Offense 2:

theft of property MB

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: Crime Against Property

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 05-22-2025 around 0716 a code blue Medical emergency was called on Inmate Crystal Hale in cell 3092. Inmates in the cell advised officers that Inmate Hale was having a seizure. While inmate Hale was being seen by medical nurses Inmate Hale stopped breathing and CPD was started. Officers called 911 and EMS responded to ECLEC. EMS was able to get Inmate Hale stable enough to be transported to Medical Center Hospital. Once at the hospital tests were done and it was discovered that inmate Hale had a brain bleed. Inmate Hale passed away on 05-23-2025 at 0935hrs. Texas Rangers were called and investigated this incident.