KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 26-135-CJ | Version Type: | AMENDED |
| Report Date: | 2/19/2026 1:51 PM | 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: | Mark Arnett | Reporter Email: | mark.arnett@parkercountytx.com |

## Decedent Information

### Identity of Deceased

First Name: Michael

Middle Name: Wayne

Last Name: Spradlin

Suffix:

Date of Birth: 4/6/1967 Sex: Male

Race: Anglo or White

Age At Time Of Death: 58

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

Date/Time of Custody or Incident: 6/22/2025 6:47 AM

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

Death Date and Time: 1/25/2026 6:20 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: |
| --- |
| Atherosclerotic cardiovascular disease |

## 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: | 612 Jameson St | City: | Weatherford |
| County: | Parker | Zip: | 76086 |

### 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: | 6/22/2025 6:47 AM |

### Where did the death occur?

| | |
|---|---|
| Death Location: | Scene of incident |

## 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:

Credit Card or Debit Card Abuse against the Elderly

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: 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?: 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?: Yes

| | | | |
|---|---|---|---|
| Physically attempt/assault officer(s): | Yes | Gain possession of officer's weapon: | No |
| Verbally threaten other(s) including law: | Yes | 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:

Inmate was taking a shower in the cell. The other inmates in the cell heard him fall to the floor and they called for help. Jail and medical staff arrived in the cell a short time later. The inmate was deceased at that time.