KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-523-CJ	Version Type:	AMENDED
Report Date:	7/10/2026 4:08 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Tarrant County Sheriff's Office	Agency Address:	200 Taylor St., Plaza Bldg. 7th Floor
Agency City:	Fort Worth	Agency State:	TX
Agency Zip:	76196		

Director Information

Director Salutation:	Sheriff	Director First Name:	Bill
Director Middle Name:			
Director Last Name:	Waybourn		
Reporter Name:	William Phariss	Reporter Email:	wtphariss@tarrantcountytx.gov

Decedent Information

Identity of Deceased

First Name: James

Middle Name: Kent

Last Name: Johnson

Suffix:

Date of Birth: 7/10/1985 Sex: Male

Race: Anglo or White

Age At Time Of Death: 40

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

Date/Time of Custody or Incident: 6/14/2026 11:27 AM

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

Death Date and Time: 6/15/2026 1:47 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:

Mixed drug (methamphetamine, fentanyl and methadone) toxicity

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

Medical Treatment: Not Applicable

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?: Decedent

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:	100 N Lamar	City:	Fort Worth
County:	Tarrant	Zip:	76196

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:

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:

Entry Date Time N/A: ☑

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:

Violation Bond/Protective Order

Offense 2:

Capias Pro Fine/Unlawful Restraint

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: Other, specify

Type of Offense, Other:

Bond Violation, Capias Pro Fine

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?: No

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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Leg Shackles

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On 06/15/2026, shortly after lunch, an inmate alerted jail staff that Inmate Johnson was in distress in his cell. The jailer responded to the cell finding Inmate Johnson unresponsive. A medical code was immediately called at approximately 12:41pm followed by the jailer initiating life savings measures. Additional jail staff and medical staff responded, continuing life saving measures until EMS arrived. EMS staff assessed the inmate's condition, continued life saving measures and transported him to John Peter Smith (JPS) Hospital Emergency Department via ambulance. Inmate Johnson was later pronounced deceased at JPS Hospital at 1:47pm on 06/15/2026.

The Tarrant County Medical Examiner's Office was notified and took possession of Inmate Greer. The Haltom City Police Department conducted an independent investigation of the case. TCME Autopsy and Toxicology results show the death as accidental due to mixed drug (methamphetamine, fentanyl and methadone) toxicity.