KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-670-CJ	Version Type:	AMENDED
Report Date:	8/26/2026 10:58 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Johnson County Sheriff's Dept.	Agency Address:	1102 E. Kilpatrick
Agency City:	Cleburne	Agency State:	TX
Agency Zip:	76031		

Director Information

Director Salutation:	Sheriff	Director First Name:	Adam
Director Middle Name:			
Director Last Name:	King		
Reporter Name:	David Blankenship	Reporter Email:	dblankenship@johnsoncountytx.org

Decedent Information

Identity of Deceased

First Name: jason

Middle Name: Dale

Last Name: Bailey

Suffix:

Date of Birth: 2/21/1976 Sex: Male

Race: Anglo or White

Age At Time Of Death: 50

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

Date/Time of Custody or Incident: 8/23/2026 9:48 PM

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

Death Date and Time: 8/25/2026 4:08 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: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Pending autopsy results

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?:	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:	1800 Ridgemar Dr	City:	Cleburne
County:	Johnson	Zip:	76031

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:	8/23/2026 9:48 AM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

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:

Driving While Intoxicated 3rd or More

Offense 2:

Duty on Striking Unattended Vehicle

Offense 3:

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: Alcohol / drug 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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	Unknown	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 August 25th, 2026, at approximately 0317 hours, Inmate Bailey, Jason #201701592, was being escorted to inmate housing dorm C3C. Upon arrival to inmate housing Dorm CC3, Inmate Bailey stated that his legs were hurting and then went to the floor. Jail Medical responded and began evaluating inmate Bailey. While Jail Medical was obtaining inmate Bailey's vital signs an AED was requested. Inmate Bailey then became unresponsive. Jail Medical immediately began lifesaving efforts and Cleburne EMS was requested to respond to the jail. EMS arrived at the facility and assumed lifesaving efforts. Lifesaving efforts were unsuccessful and Inmate Bailey was pronounced deceased by Dr. Flink a at approximately 04:08 am.