KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| PA Number: | PA16110CJ | Report Date: | 3/15/2016 5:46 PM |
| Status: | Submitted | | |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Department ID: | 685 | Department Type: | SHERIFF |
| Agency Name: | Potter County Sheriff\'s Dept. | Agency Number: | TX1880000 |
| Agency Phone: | 8063792900 | Agency Address: | 608 S. Pierce |
| Agency City: | Amarillo | Agency County: | Potter |
| Agency State: | TX | Agency Zip: | 79101 |

### Director Information

Director Salutation:

Sheriff

Director First Name:

Brian

Director Middle Name:

Director Last Name:

Thomas

Reporter Name: Sgt BJ Chester

Reporter Email: bjchester@co.potter.tx.us

# Location / Custody Information

## Where did the event causing the death occur?

Street Address: 1501 S. Coulter

City: Amarillo

County: Potter

## 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

Custody Type Facility:

## 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: At medical facility

Death Location Elsewhere:

# Decedent Information

## Identity of Deceased

First Name: Michael

Middle Name: Dean

Last Name: Williams

Suffix:

Date of Birth: 4/2/1955 Sex: Male

Ethnicity: Anglo

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

Death Date and Time: 3/11/2016 12:10 AM

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

Date/Time of Custody or Incident:

11/24/2015 12:05 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 Causes/Illness

Manner of Death Description:

Metastatic Cancer

Death Reason:

Not applicable

## Medical Cause of Death:

Medical Cause of Death:

Pending

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

Medical Treatment:

No

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

Who caused the death?:

Not applicable; cause of death was suicide, intoxication or illness/natural causes

Death Causer Other:

## If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

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 intoxication or illness/natural causes

# General Information

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:

Manufacture/Delivery of a controlled substance PG1

Offense 2:

Offense 3:

Were the Charges::

Filed

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by NA

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

| | | | |
|---|---|---|---|
| Appear intoxicated (alcohol or drugs): | No | Exhibit any mental health problems?: | |
| Exhibit any medical problems?: | | | |

### At any time during the incident and/or entry into the law enforcement facility, did the decedent:

| | | | |
|---|---|---|---|
| Threaten the officer(s) involved: | No | Resist being handcuffed or arrested?: | No |
| Try to escape/flee from custody: | No | Grab, hit or fight with the officer(s): | No |

Other Behavior:

Specify Other Behavior:

| | |
|---|---|
| Use weapon threaten/assault officer(s): | 0 |

### Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint:

Yes

## Summary of Incident

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

Summary:

Subject made complaint of medical issues to jail staff and was transferred to civilian hospital where he was diagnosed as having terminal cancer with a three month life expectancy. He was released back to jail after a week in the hospital. He was back in the housing area of the infirmary for approximately 3 hours when his condition took a turn for the worse and he was transported back to the hospital by ambulance. He was in the emergency room at Northwest Texas Hospital for treatment at the time of his death.