KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16255CJ	Report Date:	1/26/2022 2:55 PM
Status:	Submitted		

Agency/Facility Information

Department ID:	759	Department Type:	SHERIFF
Agency Name:	San Patricio County Sheriff's Dept.	Agency Number:	TX2050000
Agency Phone:	3613642251	Agency Address:	P. O. Box 1382
Agency City:	Sinton	Agency County:	San Patricio
Agency State:	TX	Agency Zip:	78387

Director Information

Director Salutation:

Sheriff

Director First Name:

Leroy

Director Middle Name:

Director Last Name:

Moody

Reporter Name:	Sergeant Investigator Steven Loving	Reporter Email:	sp.608@co.san-patricio.tx.us

Location / Custody Information

Where did the event causing the death occur?

Street Address: 300 North Rachal

City: Sinton

County: San Patricio

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: Joe

Middle Name: Don

Last Name: Witherspoon

Suffix:

Date of Birth: 11/8/1961

Sex: Male

Ethnicity: Anglo

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

Death Date and Time: 5/28/2016 12:00 PM

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

Date/Time of Custody or Incident:

1/10/2016 6:11 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

Manner of Death Description:

Not yet determined by Medical Examiner

Death Reason:

Medical Condition Only

Medical Cause of Death:

Medical Cause of Death:

Undetermined at this time; awaiting medical examiners report

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

Medical Treatment:

Yes

Medical Treatment Description:

Clonidine HCl .1 MG

Metroprotol 25 MG Tablet

Coricidin Chest and Cough Pills for four days only

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

Who caused the death?:

Don\'t know

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?:

Don\'t know

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:

Don\'t know

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:

Evading Arrest Detention w/a motor vehicle

Offense 2:

Assault Public Servant

Offense 3:

Driving While Intoxicated

Were the Charges::

Filed

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by Unknown

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

Appear intoxicated (alcohol or drugs): Yes

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): Yes

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:

No

Summary of Incident

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

Summary:

~~Subject was arrested on January 10, 2016. His health became notable worse over a period of time. Jail infirmary documents indicate a past medical history of Hypertension, a previously fractured forearm, positive TB skin test in 1980, COPD, and Hypercholesterolemia. Subject was taking two regular medications and had taken cough and cold medication in January of 2106; while in custody. Subject had also made sick call request and identified he had mild asthma. Subject was taken to Hospital on May 24, 2016 at request of Jail Major Tina Garrett. Subject was transported by SAVES (Sinton EMS) to Spohn Hospital in Corpus Christi, Texas. The subject’s medical condition rendered him unconscious and based on the statements of hospital staff he was expected not to regain consciousness. The subject was released from custody on a personal reconnaissance bond for his charges on May 26, 2016. I was informed that the subject had been released from custody on May 27, 2016; the circumstances of the release were not known to me at that time. The San Patricio County Sheriff’s Office was notified on May 31, 2016 that the subject had died on May 28, 2016. Nueces County Medical Examiner’s Office Investigator Hugo Stimler contacted me and notified me that an autopsy would be performed on June 01, 2016. The results of the autopsy are not available at the time of this report. A request for autopsy results were made on 06-06-16. On June 13, 2016 a grand jury subpoena for the medical records was presented to the Christus Spohn Health Care Systems records division. A request for SAVES EMS medical report was also submitted on 06-07-16; with no report received at the time of this report.