



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 20-12-P

Version Type: AMENDED

Report Date: 9/20/2021 9:25 AM

Status: Submitted

Agency/Facility Information

Agency Name: TDCJ/Office of the
Inspector General

Agency Address: 1012 Veterans
Memorial Parkway

Agency City: Huntsville

Agency State: TX

Agency Zip: 77320

Director Information

Director Salutation: Director

Director First Name: Cris

Director Middle Name:

Director Last Name: Love

Reporter Name: Ashley
Gutierrez

Reporter Email: oig_custodial_death_reports@tdcj.texas.gov

Decedent Information

Identity of Deceased

First Name: Jonathan

Middle Name: David

Last Name: Drew

Suffix:

Date of Birth: 2/5/1973

Sex: Male

Race: Anglo or White

Age At Time Of Death: 46

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

Date/Time of Custody or 1/23/2001 12:00
Incident: AM

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

Death Date and Time: 1/12/2020 3:16 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Yes, results are
Evaluation?: available

What was the manner of death? (select only one)

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Necrotizing bronchopneumonia as a complication of influenza A infection

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?: Could not be determined

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: 1100 FM 655

City: Rosharon

County: Brazoria

Zip: 77583

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: Penitentiary

Specific type of custody/facility:

Specific Type of Custody/Facility:

TDCJ, specify

TDCJ - Specify Unit:

Ramsey Unit

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: 1/22/2001 11:59
PM

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:

Murder

Offense 2:

Burglary of a habitation

Offense 3:

Were the Charges:: Convicted

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Violent Crime
Against Persons

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: No

Summary of Incident

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

Summary:

On 1/11/2020, at 0728, at the Ramsey Unit, Offender Jonathan Drew, # 1019606, was in his housing area, and was having problems breathing. Drew complained of coughing, fever, and shortness of breath for 4 days. Drew reported vomiting blood before medical arrived at his housing area. At 0809, due to the breathing problems, respiratory distress, positive test for the flu, and Offender Drew having a high fever of 104.2, Drew was transported by EMS to the hospital.

Once at the hospital, Drew was diagnosed with shortness of breath, the flu, pneumonia, and an upper GI bleed. Due to the need for Drew to be placed in an Intensive Care Unit (ICU), he was transferred to another hospital for further evaluation.

On 1/11/2020, at around 1330, Offender Drew was received at the hospital emergency room. Drew was in severe respiratory distress with hypoxia. Drew was diagnosed with acute pulmonary edema, acute renal failure, anemia, adult respiratory distress syndrome (ARDS), flu, GI bleed, hyperglycemia, hyponatremia, hypoxemia, multi-organ system dysfunction, neutropenic sepsis, non-ST elevated myocardial infarction, pneumonia, renal insufficiency, septic shock, and thrombocytopenia. Drew's condition was critical.

On 1/12/2020, at 0316 hours, the offender's condition deteriorated and was pronounced deceased by medical staff.