CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 20-733-P
Report Date: 11/25/2020 10:43 AM
Version Type: AMENDED
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: Margaret Montgomery
Reporter Email: margaret.montgomery@tdcj.texas.gov

Decedent Information
Identity of Deceased

First Name: Jimmy

Middle Name: Ray

Last Name: Price

Suffix:

Date of Birth: 5/7/1938

Sex: Male

Race: Anglo or White

Age At Time Of Death: 82

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

   Date/Time of Custody or Incident: 10/7/1996 12:00 AM

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

   Death Date and Time: 7/6/2020 3:47 AM

Manner / Cause of Death

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

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

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

Manner of Death: Natural
Medical Cause of Death:

Acute Hypoxic Respiratory Failure secondary to COVID-19 pneumonia

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: 809 Harborside Drive
City: Galveston
County: Galveston
Zip: 77555

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:
Hospital Galveston

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: 10/7/1996 12:00 AM

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:
Aggravated Sexual Assault

Offense 2:

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): Unknown

Make suicidal statements?: Unknown

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 June 18, 2020, offender was admitted to the hospital. On July 6, 2020, offender's condition deteriorated and he was pronounced deceased by medical staff.