



# KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

## CUSTODIAL DEATH REPORT

### Agency Information

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CDR Number: 20-733-P

Version Type: AMENDED

Report Date: 11/25/2020 10:43  
AM

Status: Submitted

### Agency/Facility Information

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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

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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

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## Identity of Deceased

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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):

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

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

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

## Manner / Cause of Death

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

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

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

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Manner of Death: Natural

Medical Cause of Death:

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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?

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Medical Treatment: Unknown

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

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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)

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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?

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Pre existing medical condition?: Could not be determined

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

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Means of Death: Not applicable, cause of death was illness/natural cause

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 809 Harborside Drive

City: Galveston

County: Galveston

Zip: 77555

What location category best describes where the event causing the death occurred?

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Location Category: Law Enforcement Facility

What type of custody/facility was the Decedent in at the time of death:

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Type of Custody: Penitentiary

Specific type of custody/facility:

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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):

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Entry Date Time: 10/7/1996 12:00 AM

Where did the death occur?

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Death Location: Medical facility

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## General Information

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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:

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|--|----|--|----|
| Barricade self or initiate<br>standoff?:     | No | Resist being handcuffed or<br>arrested?:     | No |
| Physically attempt/assault<br>officer(s):    | No | Gain possession of officer's<br>weapon:      | No |
| Verbally threaten other(s)<br>including law: | No | Escape or attempt to<br>escape/flee custody: | No |
| Attempt gain possession<br>officer's weapon: | No |  |    |

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

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Under Restraint: No

## Summary of Incident

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

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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.