



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 17-526-MJ

Version Type: ORIGINAL
VERSION

Report Date: 10/9/2017 1:51 PM

Status: Submitted

Agency/Facility Information

Agency Name: Fort Worth Police
Dept.

Agency Address: 350 W. Belknap

Agency City: Fort Worth

Agency State: TX

Agency Zip: 76102

Director Information

Director Salutation: Chief

Director First Name: Joel

Director Middle Name:

Director Last Name: Fitzgerald

Reporter Name: Laurie
Harrington

Reporter Email: laurie.harrington@fortworthtexas.gov

Decedent Information

Identity of Deceased

First Name: Ronald

Middle Name: Eugene

Last Name: Scott

Suffix:

Date of Birth: 3/6/1955

Sex: Male

Race: Black or African
American

Age At Time Of Death: 62

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

Date/Time of Custody or
Incident: 9/13/2017 4:00 PM

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

Death Date and Time: 9/14/2017 4:32 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

Medical Cause of Death:

Medical Cause of Death:

Atherosclerotic and hypertensive cardiovascular disease

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

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: 1601 Heritage
Trace Parkway

City: Mansfield

County: Tarrant

Zip: 76063

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: Municipal Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:

Jail - single cell

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: 9/14/2017 5:15 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?: Yes

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:

Possession CS PG1<1G Heroin

Offense 2:

Criminal Mischief >=\$100-<\$750

Offense 3:

Were the Charges:: Not filed at time of death

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

Type of Offense: Other, specify;
Crime Against
Property

Type of Offense, Other:

Property crime

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?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Attempted to injure civilian(s) or other inmate(s)

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

Appear intoxicated (alcohol or drugs): Yes

Make suicidal statements?: No

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Yes

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 9/13/17, Fort Worth Police Department received a call for police at Kim's Food Mart located at 4332 E. Berry Street, on a disturbance with the deceased being the suspect. Officers arrived and spoke with the victim who advised that the suspect broke his windshield on his vehicle. After an investigation the suspect was arrested for Criminal Mischief, Public Intoxication, a local warrant, and Possession CS PG1 <1g. A reagent test was positive for heroin. Before transport to the jail, Medstar ambulance personnel were called to assess the suspects condition because he seemed groggy and disoriented. The Medstar EMT's advised that he was not suffering from a medical emergency and cleared him for transport. He was transported to the city jail where he was booked and then arraigned for charges. The next morning, 9/14/17, he was transported to the Mansfield Jail where he was processed and place in a single cell. He entered the cell at 7:15am. Regular cell checks were made throughout the next few hours and at 3:44 pm he was found unresponsive by officers. The on duty nurse began CPR and paramedics made the scene and continued emergency medical treatment. At 4:13 he was transported to Mansfield Methodist hospital where he was pronounced deceased at 4:32 pm.