



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 23-585-CJ

Version Type: AMENDED

Report Date: 9/21/2023 6:51 AM

Status: Submitted

## Agency/Facility Information

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Agency Name: Collin County  
Sheriff's Office

Agency Address: 4300 Community  
Ave.

Agency City: McKinney

Agency State: TX

Agency Zip: 75071

## Director Information

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Director Salutation: Sheriff

Director First Name: James

Director Middle Name:

Director Last Name: Skinner

Reporter Name: Jay Reim

Reporter Email: jreim@co.collin.tx.us

## Decedent Information

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### Identity of Deceased

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First Name: Bennie

Middle Name:

Last Name: Kennedy

Suffix: III

Date of Birth: 1/13/1956

Sex: Male

Race: Black or African  
American

Age At Time Of Death: 67

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

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Date/Time of Custody or 5/23/2023 10:51  
Incident: AM

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

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Death Date and Time: 5/23/2023 11:55  
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 Yes, results are  
Evaluation?: available

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:

Ruptured aortic dissection due to Diabetes Mellitus and Hypertensive and arteriosclerotic cardiovascular disease.

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: No

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?: Pre-existing medical condition

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: 4300-A Community Ave

City: McKinney

County: Collin

Zip: 75071

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: County Jail

Specific type of custody/facility:

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Specific Type of Custody/Facility:

Jail - day room/recreation area

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: 9/14/2022 3:25 AM

Where did the death occur?

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Death Location: Medical facility

## General Information

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Did any other law enforcement agencies respond to calls for service related to this incident?

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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?

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Offense 1:

Assault Public Servant

Offense 2:

Assault Public Servant

Offense 3:

Were the Charges:: Filed

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

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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?

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Decedent display/use of  
weapons: No

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

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Attempt to Injure Others?: Yes (select all that  
apply)

Ways Decedent Attempted To Injure Others: Injured law  
enforcement  
personnel

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

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Appear intoxicated (alcohol or  
drugs): No

Make suicidal statements?: No

Exhibit any mental health  
problems?: Yes

Exhibit any medical problems?: Yes

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 standoff?:     | No  | Resist being handcuffed or arrested?:     | No |
| Physically attempt/assault officer(s):    | Yes | Gain possession of officer's weapon:      | No |
| Verbally threaten other(s) including law: | Yes | 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?

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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:

Kennedy was in the recreation yard and walking laps around the outer perimeter. After a short time, Kennedy sat down on a bench and other inmates noticed he was in distress. The inmates notified jail and medical staff and began life saving measures. Kennedy was pronounced deceased at the hospital. Autopsy revealed Kennedy died of natural causes.