KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-261-CJ	Version Type:	ORIGINAL VERSION
Report Date:	2/29/2024 3:59 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Falls County Sheriff's Dept.	Agency Address:	PO BOX 401
Agency City:	Marlin	Agency State:	TX
Agency Zip:	76661		

Director Information

Director Salutation:	Sheriff	Director First Name:	Joe
Director Middle Name:			
Director Last Name:	Lopez		
Reporter Name:	Joe Lopez	Reporter Email:	joe.lopez@co.falls.tx.us

Decedent Information

Identity of Deceased

First Name: Richard

Middle Name: Tyrone

Last Name: Bailey

Suffix:

Date of Birth: 11/4/1966

Sex: Male

Race: Black or African American

Age At Time Of Death: 57

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

Date/Time of Custody or Incident: 11/18/2023 3:10 PM

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

Death Date and Time: 1/8/2024 12:42 AM

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:

Cause: Pulmonary Thromboembolism
Other Significant Conditions: Deep Vein Thrombosis
Manner of Death: Natural

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?:	Decedent

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?:	Pre-existing medical condition

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:	322 Coleman Street	City:	Marlin, Texas
County:	Falls	Zip:	76661

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

Location Category: Other, specify

Other Location Category:

Hospital Emergency Room

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

Type of Custody: County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:

Jail - multiple occupancy 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: 11/19/2023 12:19 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 Assault Deadly Weapon

Offense 2:

Evading arrest with prior convictions

Offense 3:

Were the Charges:: Filed

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

Type of Offense:

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: Killed law enforcement personnel

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?:	Yes	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?:	Yes
Physically attempt/assault officer(s):	Yes	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:

inmates in the cell with inmate bailey called control stating he was having trouble breathing once I went to the cell where Mr. Bailey resided he was physically having trouble catching his breath he had vomited on the floor was sweating and telling me captain Glenn he couldn't breathe I captain .Glenn phoned the nurse and was advise form what I seen and explained to her to call city ambulance to get him to the hospital once the ambulance arrived, we helped Mr. Bailey out of the cell into the hallway where he was placed on the stretcher and taking away by city ambulance and a falls county deputy, he was still alive upon leaving the jail. we later received a phone call stating Mr. Bailey had passed away at the Falls County hospital.