KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-1414-CJ	Version Type:	AMENDED
Report Date:	9/30/2024 7:14 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Freestone County Sheriff's Dept.	Agency Address:	PO Drawer 47
Agency City:	Fairfield	Agency State:	TX
Agency Zip:	75840		

Director Information

Director Salutation:	Sheriff	Director First Name:	Jeremy
Director Middle Name:			
Director Last Name:	Shipley		
Reporter Name:	Jeremy Shipley	Reporter Email:	sheriffshipley@co.freestone.tx.us

Decedent Information

Identity of Deceased

First Name: Michael

Middle Name: Tron

Last Name: Watson

Suffix:

Date of Birth: 1/10/1975 Sex: Male

Race: Anglo or White

Age At Time Of Death: 49

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

Date/Time of Custody or Incident: 8/11/2024 7:57 PM

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

Death Date and Time: 8/11/2024 7:57 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

No Medical cause of death

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:	Not Applicable

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?:	Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

Means of Death:	Other, specify
Means of Death Other:	Acute ethanol toxicity

Location / Custody Information

Where did the event causing the death occur?

Street Address:	103 S. Keechi St.	City:	Fairfield
County:	Freestone	Zip:	75840

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:	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:	6/29/2024 3:08 PM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

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:

Bond Forfeiture/Possession of controlled substance PG1/1B less than 1g

Offense 2:

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: Other, specify

Type of Offense, Other:

Active Warrant

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):	Yes	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:

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 8/11/2024, at approx. 7:57pm, on duty Jailers were notified of inmate Watson, Michael (DOB: 01/10/1975), was possibly not breathing. Upon being checked by Jailer, subject Watson was found unresponsive/not be breathing. First responders and Law enforcement responded to the scene and subject Watson was found not breathing and pronounced deceased. DPS -Texas Ranger Division was requested for outside agency investigation. Inquest order by Justice of the Peace and autopsy is pending.