



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 26-464-CJ

Version Type: ORIGINAL
VERSION

Report Date: 6/14/2026 4:47 PM

Status: Submitted

Agency/Facility Information

Agency Name: Travis County
Sheriff's Dept.

Agency Address: 5555 Airport Blvd.

Agency City: Austin

Agency State: TX

Agency Zip: 78751

Director Information

Director Salutation: Sheriff

Director First Name: Sally

Director Middle Name:

Director Last Name: Hernandez

Reporter Name: Lisa Lucas

Reporter Email: lisa.lucas@traviscountytexas.gov

Decedent Information

Identity of Deceased

First Name: Ronald

Middle Name: David

Last Name: Neal

Suffix:

Date of Birth: 7/26/1947

Sex: Male

Race: Black or African
American

Age At Time Of Death: 78

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

Date/Time of Custody or
Incident: 5/31/2026 6:44 PM

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

Death Date and Time: 6/14/2026 11:03
AM

Manner / Cause of Death

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

Medical Examiner/Coroner Yes, results
Evaluation?: pending

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

Pending autopsy

Manner of Death: results

Medical Cause of Death:

Medical Cause of Death:

Unknown at this time

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

Medical Treatment: Unknown

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?: Unknown

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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1500 Red River

City: Austin

County: Travis

Zip: 78701

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

Location Category: Other, specify

Other Location Category:

Hospital

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 - 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: 5/31/2026 6:44 PM

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:

Agg Assault FV

Offense 2:

Agg Assault w/DW FV

Offense 3:

Agg Assault FV

Were the Charges:: Filed

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

Type of Offense: Violent Crime
Against Persons;
Crimes Against
Child(ren)

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: Unknown

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?: 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?:	Unknown	Resist being handcuffed or arrested?:	Unknown
Physically attempt/assault officer(s):	Unknown	Gain possession of officer's weapon:	Unknown
Verbally threaten other(s) including law:	Unknown	Escape or attempt to escape/flee custody:	Unknown
Attempt gain possession officer's weapon:	Unknown		

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:

Neal defecated on himself while in his jail cell and Ofc. Utterback observed the stool to be black, contacting the nurse. Two nurses arrived and started medical treatment contacting 911 shortly after observations. Neal was transported to Dell Seton Hospital by EMS and hospital staff advised he had a Gastrointestinal bleed, and Neal coded a short time later at the hospital. Time of death was called at 11:03 AM.