



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 20-1928-CJ

Version Type: ORIGINAL
VERSION

Report Date: 1/12/2021 3:26 PM

Status: Submitted

Agency/Facility Information

Agency Name: Tarrant County
Sheriff's Dept.

Agency Address: 200 Taylor St.,
Plaza Bldg. 7th
Floor

Agency City: Fort Worth

Agency State: TX

Agency Zip: 76196

Director Information

Director Salutation: Sheriff

Director First Name: Bill

Director Middle Name:

Director Last Name: Waybourn

Reporter Name: Charles Brogdon

Reporter Email: cgbrogdon@tarrantcounty.com

Decedent Information

Identity of Deceased

First Name: Ross

Middle Name: Harold

Last Name: Brewer

Suffix:

Date of Birth: 9/9/1956

Sex: Male

Race: Black or African
American

Age At Time Of Death: 64

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

Date/Time of Custody or
Incident: 8/23/2020 3:31 PM

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

Death Date and Time: 12/28/2020 1:07
PM

Manner / Cause of Death

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

Medical Examiner/Coroner
Evaluation?: No, evaluation not
planned

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Liver Cancer.

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

Medical Treatment: Yes

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?: 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: 1500 S. Main Street

City: Fort Worth

County: Tarrant

Zip: 76104

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

Location Category: Other, specify

Other Location Category:

County Hospital, John Peter Smith 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:

Hospital/Infirmary

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: 8/23/2020 3:29 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:

Delivery of Controlled Substance 4-200 grams

Offense 2:

Del/Man of a Controlled Substance under 28 grams

Offense 3:

Parole Violation

Were the Charges:: Filed

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

Type of Offense: Alcohol / drug 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?: No

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

Appear intoxicated (alcohol or drugs): No

Make suicidal statements?: No

Exhibit any mental health problems?: No

Exhibit any medical problems?: No

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: Yes, mark which restraint devices were used

Type of restraint

Type of Restraint: Leg Shackles

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

Tarrant County Inmate Ross Brewer B/M 9/9/56 CID 0351727, who had been housed at the Tarrant County Jail 100 N Lamar St, Fort Worth, Tarrant County, TX 76196. Inmate Brewer had been in TCSO custody since August 23, 2020 on a Parole Violation and other drug charges. Inmate Brewer died December 28, 2020 at around 13:07 hours at John Peter Smith Hospital (JPSH), as pronounced by Dr. Sahawneh. Inmate Brewer has been under the care of JPS Hospital since December 18, 2020, after being sent to have a mass removed from his liver. Inmate Brewer is believed to have passed due to his medical complications. The Tarrant County Medical Examiner's Office has been notified and will not be performing an inquest/autopsy due to the length of time Inmate Brewer has been under a doctor's care. Tarrant County Sheriff's Office Detective Ramon Garcia 817-884-

1272 rmgarcia@tarrantcounty.com has been assigned the death investigation. The Texas Rangers will perform an independent review of the case.