



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 21-469-CJ

Version Type: AMENDED

Report Date: 5/20/2021 4:39 PM

Status: Submitted

Agency/Facility Information

Agency Name: El Paso County
Sheriff's Dept.

Agency Address: 3850 Justice Road

Agency City: El Paso

Agency State: TX

Agency Zip: 79938

Director Information

Director Salutation: Sergeant

Director First Name: John

Director Middle Name:

Director Last Name: Greer

Reporter Name: James Belknap

Reporter Email: jbelknap@epcounty.com

Decedent Information

Identity of Deceased

First Name: Rickey

Middle Name:

Last Name: Clark

Suffix:

Date of Birth: 7/5/1950

Sex: Male

Race: Black or African
American

Age At Time Of Death: 70

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

Date/Time of Custody or
Incident: 4/12/2021 1:00 AM

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

Death Date and Time: 4/12/2021 1:00 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:

Hypertensive and Atherosclerotic Cardiovascular Disease

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?: 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: 12501 Montana

City: El Paso

County: El Paso

Zip: 79938

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:

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: 12/14/2020 1:14
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?: 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:

Assault Public Servant

Offense 2:

Parole Violation

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: 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?

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: No

Summary of Incident

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

Summary:

CLARK, Rickey
D.O.B. 07/05/1950

04/12/2021 1:00am

Inmate Clark was being temporally detained in a single lock down cell in the Jail Medical Clinic due to COVID - 19 protocol. Clark has a medical history of Hypertension and was transported to a local area hospital on March 23, 2021 for chest pain. Clark refused treatment at the hospital and was returned back to the Jail Annex. Clark was taken to the hospital again on April 08, 2021 and treated for constipation, Clark has been refusing meals and was placed on hunger strike protocol with twice a day weight checks. Clark has been 30 % complaint with his medications. On 04/11/2021 Detention Officer Valtierra conducted a cell check at that time Clark was awake and moving. On 04/12/2021 at 12:11 am and 12:35 Officer Valtierra states that Clark was asleep on his bed but he observed movement. At the 1:00am cell check Officer Valtierra observes Clark on his bed with his upper body hanging off of the bed. Valtierra enters the cell and finds Clark unresponsive. The Jail Medical staff is alerted and respond, an A.E.D. is deployed and C.P.R. is initiated. E.M.S. is requested and on scene at 1:37am. C.P.R. is discontinued. On 04/12/2021 the El Paso County Medical Examiners Investigator pronounced Clark deceased. Investigation continues. Autopsy pending