KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-1323-CJ	Version Type:	ORIGINAL VERSION
Report Date:	10/5/2021 3:49 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Bell County Sheriff's Dept.	Agency Address:	104 S. Main
Agency City:	Belton	Agency State:	TX
Agency Zip:	76513		

Director Information

Director Salutation:	Sheriff	Director First Name:	Eddy
Director Middle Name:			
Director Last Name:	Lange		
Reporter Name:	Shane Sowell	Reporter Email:	shane.sowell@bellcounty.texas.gov

Decedent Information

Identity of Deceased

First Name: Pamela

Middle Name: Karen

Last Name: Baize

Suffix:

Date of Birth: 4/26/1965 Sex: Female

Race: Anglo or White

Age At Time Of Death: 56

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

Date/Time of Custody or Incident: 2/7/2021 1:54 AM

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

Death Date and Time: 9/10/2021 4:05 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: Other - specify

Manner of Death Description:

COVID19

Medical Cause of Death:

Medical Cause of Death:

COVID19

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?: Deceased developed condition after admission

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: 2401 S. 31st St
City: Temple
County: Bell
Zip: 76508

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:

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: 2/7/2021 1:54 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:

Poss of CS PG 1

Offense 2:

TDCJ Blue Warrant

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: 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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	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):	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:

On August 10, 2021 inmate Pamela Baize tested positive for COVID19. On August 13, 2021 inmate Baize was transported to Scott and White Hospital and admitted into the ICU wing for low oxygen levels. Inmate Baize remained in ICU until September 9, 2021 where she was moved to a room in the North Tower of the hospital. Inmate Baize was pronounced decease on September 10, 2021 at 4:05 pm. Doctor Tasnim Lat signed death certificate and no autopsy was ordered.