KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-770-CJ	Version Type:	ORIGINAL VERSION
Report Date:	6/16/2022 6:42 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Collin County Sheriff's Office	Agency Address:	4300 Community Ave.
Agency City:	McKinney	Agency State:	TX
Agency Zip:	75071		

Director Information

Director Salutation:	Sheriff	Director First Name:	James
Director Middle Name:			
Director Last Name:	Skinner		
Reporter Name:	Jay Reim	Reporter Email:	jreim@co.collin.tx.us

Decedent Information

Identity of Deceased

First Name: Frank

Middle Name: Robert

Last Name: Paniagua

Suffix:

Date of Birth: 3/18/1961 Sex: Male

Race: Anglo or White

Age At Time Of Death: 61

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

Date/Time of Custody or Incident: 5/10/2022 7:21 PM

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

Death Date and Time: 6/11/2022 10:00 PM

Manner / Cause of Death

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

Medical Examinor/Coroner Evalution?: No, evaluation not planned

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

Manner of Death: Suicide

Medical Cause of Death:

Medical Cause of Death:

Medical Examiner did not examine body, so no cause of death from medical examiner

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?:	Decedent

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:	Subject jumped from upper tier of housing facility

Location / Custody Information

Where did the event causing the death occur?

Street Address:	4300-A Community Avenue	City:	Mckinney
County:	Collin	Zip:	75071

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 - day room/recreation area

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:	5/11/2022 2:44 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:

Aggravated Sexual Assault of a Child

Offense 2:

Continuous Sex Abuse of a Child under 14 years of age

Offense 3:

Indecency with a Child Sexual Contact

Were the Charges:: Not filed at time of death

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

Type of Offense: 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: 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:

Subject was arrested on the listed charges on 05/10/22 and booked into the Collin County Detention Facility on 05/11/22. On 05/13/22, subject was on the second floor of the facility and climbed over the railing and jumped to the floor below. He sustained serious injuries and was immediately transported to the hospital. He received continuous medical care until he was removed from life support on 06/11/22.