



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 16-79-C

Version Type: AMENDED

Report Date: 1/24/2017 9:45 AM

Status: Submitted

## Agency/Facility Information

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Agency Name: Harris County  
Sheriff's Dept.

Agency Address: 1200 Baker Street

Agency City: Houston

Agency State: TX

Agency Zip: 77002

## Director Information

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Director Salutation: Sheriff

Director First Name: Ed

Director Middle Name:

Director Last Name: Gonzalez

Reporter Name: Ronny Taylor

Reporter Email: ronny.taylor@sheriff.hctx.net

## Decedent Information

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### Identity of Deceased

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First Name: Malin

Middle Name: John

Last Name: Thompson

Suffix:

Date of Birth: 4/27/1960

Sex: Male

Race: Anglo or White

Age At Time Of Death: 56

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

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Date/Time of Custody or Incident: 12/26/2016 9:18 PM

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

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Death Date and Time: 12/26/2016 11:34 PM

## Manner / Cause of Death

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

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Medical Examiner/Coroner Evaluation?: Yes, results are available

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

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Manner of Death: Suicide

## Medical Cause of Death:

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Medical Cause of Death:

Gunshot wound of the head

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

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Medical Treatment: Not Applicable

If death was an accident, homicide or suicide, who caused the death?

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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)

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Type of weapon that caused death?: Handgun

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

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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?

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Means of Death: Firearm

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 647 FM 1942

City: Crosby

County: Harris

Zip: 77532

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

Location Category: Roadway/highway/street/sidewalk

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Police Custody  
(pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel subsequent to arrest

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:

Entry Date Time N/A: ☒

Where did the death occur?

Death Location: Scene of incident

## 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?

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Offense 1:

Driving While Intoxicated

Offense 2:

Offense 3:

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)

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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?

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Decedent display/use of weapons: Yes, mark all that apply

Decedent Display or Use Weapon Details: Discharged firearm

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

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Attempt to Injure Others?: No

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

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Appear intoxicated (alcohol or drugs): Yes

Make suicidal statements?: Yes

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:

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|                                           |     |                                           |    |
|-------------------------------------------|-----|-------------------------------------------|----|
| Barricade self or initiate standoff?:     | Yes | 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?

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Under Restraint: No

## Summary of Incident

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

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Summary:

The decedent was the operator and sole occupant of a vehicle that failed to maintain a single lane of traffic and left the roadway. The decedent was assessed by EMS personnel and refused treatment. Harris County Sheriff's Office deputies were dispatched to a Major Accident, arrived, and observed the decedent with a firearm pointed at his head. Negotiators and High Risk Operations Unit personnel responded. Approximately two hours later, the decedent discharged his weapon, striking himself in the head.