



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 17-218-CJ

Version Type: AMENDED

Report Date: 4/28/2017 1:25 PM

Status: Submitted

Agency/Facility Information

Agency Name: Harris County
Sheriff's Dept.

Agency Address: 1200 Baker Street

Agency City: Houston

Agency State: TX

Agency Zip: 77002

Director Information

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

Identity of Deceased

First Name: Adrian

Middle Name: Cornell

Last Name: Narcisse

Suffix:

Date of Birth: 12/23/1985

Sex: Male

Race: Black or African
American

Age At Time Of Death: 31

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

Date/Time of Custody or
Incident: 4/25/2017 1:29 PM

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

Death Date and Time: 4/25/2017 3:28 PM

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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Acute cocaine toxicity

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?: Could not be determined

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1201 Commerce

City: Houston

County: Harris

Zip: 77002

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: 4/25/2017 1:29 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:

Assault Family Violence

Offense 2:

Child Support 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: 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):	Unknown	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	Exhibit any medical problems?:	Yes

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

Barricade self or initiate standoff?:	Unknown	Resist being handcuffed or arrested?:	Unknown
Physically attempt/assault officer(s):	Unknown	Gain possession of officer's weapon:	N/A
Verbally threaten other(s) including law:	Unknown	Escape or attempt to escape/flee custody:	Unknown

Attempt gain possession N/A
officer's weapon:

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 Tuesday, 04/25/17, Prisoner Adrian Cornell Narcisse (BM, DOB 12/23/85 - SPN #01994020) was brought into HCSO IPC-Receiving by three bounty hunters on a Felony Assault Warrant and a Capias Child Support Warrant out of PCT 1 .
- On arrival, Prisoner Narcisse was showing no signs of any medical condition. Shortly after being AFIS'd Prisoner Narcisse appeared to have a seizure and HCSO medical was called and two nurses responded.
- EMS was then called 1422hrs.
- Houston Fire Department arrived at 1428hrs and paramedics began CPR.
- Prisoner Narcisse was transported to St. Joseph's Hospital.
- Escorting Deputy called IPC supervisors to advise Prisoner Narcisse was pronounced deceased at Hospital at 1527hrs.

Note: Inmate Narcisse was 'Blind Booked' at 1528 Hours while at St. Joseph hospital.

Note: It is unknown if Inmate Narcisse was under the influence of drugs.

Note: Autopsy Pending