



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 17-414-CJ

Version Type: AMENDED

Report Date: 8/20/2017 3:48 AM

Status: Submitted

Agency/Facility Information

Agency Name: Brazoria County
Sheriff's Office

Agency Address: 3602 County Road
45

Agency City: Angleton

Agency State: TX

Agency Zip: 77515

Director Information

Director Salutation: Sheriff

Director First Name: Charles

Director Middle Name: S

Director Last Name: Wagner

Reporter Name: Andrew Kerstens

Reporter Email: andrewk@brazoria-county.com

Decedent Information

Identity of Deceased

First Name: Joshua

Middle Name: Dylan

Last Name: Britt

Suffix:

Date of Birth: 12/19/1991

Sex: Male

Race: Anglo or White

Age At Time Of Death: 25

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

Date/Time of Custody or
Incident: 8/19/2017 9:30 PM

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

Death Date and Time: 8/19/2017 10:54
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: Alcohol/Drug
Intoxication

Medical Cause of Death:

Medical Cause of Death:

Multidrug 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?: 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: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address: 3602 County Road
45

City: Angleton

County: Brazoria

Zip: 77515

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 - single cell

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: 8/18/2017 2:28 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:

Possession \ Receive Controlled Substance - Felony

Offense 2:

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: Other, specify

Type of Offense, Other:

Traffic law violation

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?: Yes

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?:	Yes
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:

Inmate was housed in a mental health evaluation cell with close monitoring of his activity. Inmate began pulling his head hair out in large amounts. Deputies attempted to move him to a restraint chair to prevent his self harm activities. Inmate attempted to resist being moved by kicking at the responding deputies. Deputies gained control of the inmate with minimal force and were removing him from the mental health evaluation cell when he became unresponsive. Medical staff were at the scene and medical aid was began. CPR was being performed and was continued by Emergency Medical Services personnel who arrived at the Detention Center. Inmate was transported by ground ambulance to a hospital. Approximately twenty five (25) minutes after arrival at the hospital the inmate was pronounced deceased. The inmate was sent to the Medical Examiner's Office for a full autopsy. A review of medical intake documents indicate the inmate claimed to have ingested approximately one gram of methamphetamine on the date of his arrest which was approximately two days prior to his death.