



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 17-415-MJ

Version Type: AMENDED

Report Date: 8/21/2017 10:26
AM

Status: Submitted

Agency/Facility Information

Agency Name: Houston Police
Dept.

Agency Address: 1200 Travis, 16th
Floor

Agency City: Houston

Agency State: TX

Agency Zip: 77002

Director Information

Director Salutation: Chief

Director First Name: Art

Director Middle Name:

Director Last Name: Acevedo

Reporter Name: Kimberly Fowler

Reporter Email: kimberly.fowler@houstonpolice.org

Decedent Information

Identity of Deceased

First Name: William

Middle Name: S.

Last Name: Perry

Suffix: Mr.

Date of Birth: 11/13/1963

Sex: Male

Race: Black or African
American

Age At Time Of Death: 53

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

Date/Time of Custody or
Incident: 8/1/2017 4:45 PM

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

Death Date and Time: 8/2/2017 11:43 AM

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: Natural

Medical Cause of Death:

Medical Cause of Death:

Upper gastrointestinal hemorrhage due to ruptured esophageal varices due to chronic ethanolism with hepatic cirrhosis

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

Medical Treatment: Unknown

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?: Pre-existing medical condition

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: 8300 Mykawa

City: Houston

County: Harris

Zip: 77346

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: Municipal Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:

Jail - holding 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: 8/1/2017 5:25 PM

Where did the death occur?

Death Location: Law enforcement
facility/booking
center

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 of a Controlled Substance

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)

Type of Offense: Other, specify

Type of Offense, Other:

Possession of a Control Substance

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?: Unknown

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Unknown

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:	N/A
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: Yes, mark which restraint devices were used

Type of restraint

Type of Restraint: Handcuffs

Summary of Incident

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

Summary:

On August 1, 2017 at approximately 1645 hours, the deceased was placed into police custody for the offense of " Possession of a controlled substance". The deceased was transported to the Southeast Jail for processing and placed in a holding cell. At approximately 2:33 am , the deceased was found to be coughing up blood. The Houston Fire Department (HFD), Emergency Services were contacted. HFD performed Cardio Pulmonary Resuscitation (CPR) for approximately an hour, at which point they determined he should be taken via ambulance to Southeast Memorial Hospital for treatment. William S. Perry died at Southeast Memorial Hospital at approximately 11:43 am hours. The cause of death appears to be due to a pre-existing medical condition, pending autopsy reports.