



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 17-524-CJ

Version Type: AMENDED

Report Date: 10/6/2017 4:42 PM

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: Mark

Middle Name: Daniel

Last Name: Ware

Suffix:

Date of Birth: 6/12/1958

Sex: Male

Race: Anglo or White

Age At Time Of Death: 59

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

Date/Time of Custody or Incident: 9/20/2017 11:01 PM

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

Death Date and Time: 10/5/2017 11:35 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:

Pulmonary embolism

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?: 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: 3602 CR 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: 9/20/2017 11:01
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:

Aggravated assault with a deadly weapon

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: Violent Crime
Against Persons

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: 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:

Attempt to Injure Others?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Attempted to injure civilian(s) or other inmate(s)

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?: Yes

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:	Yes	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:

Decedent was arrested and booked into the Brazoria County Detention Center on September 20, 2017 at approximately 2301 hours. Decedent was transported to a medical facility for test on September 29, 2017 and was cleared for incarceration on September 29, 2017. Decedent was returned to the Brazoria County Detention Center where he was examined by medical personnel at the facility. Decedent was housed in a single person cell and was moved to another single person housing location at approximately 1020 hours on October 5, 2017. At approximately 1029 hours a deputy arrived at the housing location to provide a meal to the decedent. The decedent was observed on the floor at which time medical staff was contacted and responded to the housing location. Cardiopulmonary Resuscitation (CPR) first aid was begun and Emergency Medical Services (EMS) were requested to respond to the Detention Center. EMS personnel arrived at the Detention Center and a physician was contacted and EMS personnel were advised to discontinue CPR first aid. A Justice of the Peace held an inquest and pronounced the decedent at approximately 1135 hours. Decedent was transported to a medical examiner's office for a complete autopsy for which results are pending.