



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 18-1025-UF

Version Type: ORIGINAL
VERSION

Report Date: 10/24/2018 12:21
PM

Status: Submitted

Agency/Facility Information

Agency Name: Fayette County
Sheriff's Dept.

Agency Address: 1646 North
Jefferson

Agency City: La Grange

Agency State: TX

Agency Zip: 78945

Director Information

Director Salutation: Sheriff

Director First Name: KEITH

Director Middle Name:

Director Last Name: KORENEK

Reporter Name: Angela Lala

Reporter Email: angela.lala@co.fayette.tx.us

Decedent Information

Identity of Deceased

First Name: Michael

Middle Name: Charles

Last Name: Watt

Suffix:

Date of Birth: 3/22/1983

Sex: Male

Race: Anglo or White

Age At Time Of Death: 35

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

Date/Time of Custody or Incident: 10/21/2018 1:17 PM

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

Death Date and Time: 10/21/2018 3:25 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 pending

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

Pending autopsy

Manner of Death: results

Medical Cause of Death:

Medical Cause of Death:

Gunshot wound

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

Medical Treatment: Not Applicable

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

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)

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?

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: Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address: 888 FM 153

City: Smithville

County: Bastrop

Zip: 78957

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

Location Category: Field/woods/lake/waterway/beach

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

Type of Custody: Pre-Custodial Use
of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel during/fleeing 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?: Yes

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 w/Weapon/Family

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: Displayed firearm
without discharge;
Discharged firearm;
Used vehicle as
weapon

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
Exhibit any mental health problems?: Yes

Make suicidal statements?: 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?:	Yes	Resist being handcuffed or arrested?:	N/A
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:	Yes
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:

Fayette County Sheriff's Office received a call from Brazoria County that Michael Watt was making homicidal and suicidal threats. He was threatening to kill a female, her kids, and her mother in Brazoria County. He had an active felony warrant and was armed with a handgun. His phone was pinged in Fayette County. The vehicle he was driving was later spotted at Sonic in La Grange, upon leaving, La Grange PD attempted a traffic stop; however Watt refused to stop and a pursuit ensued. Watt threw items out of his vehicle and brake checked at the pursuing units. Spikes were deployed and successful during the second attempt. Watt's vehicle came to rest in a driveway to a residence in Bastrop County. A stand-off ensued with Watt threatening harm to himself. Upon Travis County SWAT team coming to assist, Watt took off in the driveway, straight to a residence that was unknown if it was occupied at the time. There was a vehicle and child's toys present. It was believed that Watt may enter the home. Watt was asked to stop and refused verbal commands. Shots were fired by Law Enforcement and Watt then self inflicted a gunshot wound under his chin. Watt was approached and taken into handcuffs. The scene was secured for ems to come attend to Watt who succumbed to his injuries.