



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 18-792-C

Version Type: ORIGINAL
VERSION

Report Date: 8/23/2018 4:58 PM

Status: Submitted

Agency/Facility Information

Agency Name: Missouri City Police
Dept.

Agency Address: 1522 Texas
Parkway

Agency City: Missouri City

Agency State: TX

Agency Zip: 77489

Director Information

Director Salutation: Chief

Director First Name: Michael

Director Middle Name: A

Director Last Name: Berezin

Reporter Name: Paula Bowman

Reporter Email: paula.bowman@missouricitytx.gov

Decedent Information

Identity of Deceased

First Name: Kristine

Middle Name: Amanda

Last Name: Perez

Suffix:

Date of Birth: 3/11/1989

Sex: Female

Race: Hispanic or Latino

Age At Time Of Death: 29

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

Date/Time of Custody or
Incident: 8/20/2018 2:00 AM

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

Death Date and Time: 8/20/2018 3:00 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: Suicide

Medical Cause of Death:

Medical Cause of Death:

Self inflicted gun shot wound to the head

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: 727 Cravens Rd

City: Missouri City

County: Fort Bend

Zip: 77489

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

Location Category: Business

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

Type of Custody: Police Custody
(pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

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: Medical facility

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:

Murder

Offense 2:

Agg Assault

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: 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: Killed 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?: 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?: Unknown

Resist being handcuffed or arrested?: No

Physically attempt/assault officer(s): Yes

Gain possession of officer's weapon: No

Verbally threaten other(s) including law: Unknown

Escape or attempt to escape/flee custody: Unknown

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:

Officers responded to the report of an active shooter with injuries. Arriving officers encountered the suspect in the parking lot of the business possibly in an attempt to flee the scene. The suspect was still armed with a handgun when encountered. One officer did fire two rounds at the suspect. It was at this time the suspect turned her weapon on herself firing one round to the head. The suspect was transported by air ambulance to the medical center.