



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 19-695-UF

Version Type: AMENDED

Report Date: 1/13/2020 7:30 AM

Status: Submitted

Agency/Facility Information

Agency Name: Pearland Police
Dept.

Agency Address: 2555 Cullen Pkwy.

Agency City: Pearland

Agency State: TX

Agency Zip: 77581

Director Information

Director Salutation: Captain

Director First Name: Thomas

Director Middle Name: R

Director Last Name: Moncrief

Reporter Name: Jeffrey Jernigan

Reporter Email: jjernigan@pearlandtx.gov

Decedent Information

Identity of Deceased

First Name: Derrick

Middle Name:

Last Name: Edmond

Suffix:

Date of Birth: 5/27/2001

Sex: Male

Race: Black or African
American

Age At Time Of Death: 18

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

Date/Time of Custody or 6/15/2019 12:28
Incident: AM

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

Death Date and Time: 6/15/2019 12:28
AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Yes, results are
Evaluation?: available

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

Manner of Death: Homicide (includes
Justifiable

Homicide)

Medical Cause of Death:

Medical Cause of Death:

Multiple gunshots to head and torso

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?: Law
enforcement/correctional
personnel

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?: Rifle/shotgun

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: 11306 Broadway
St.

City: Pearland

County: Brazoria

Zip: 77584

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: Pre-Custodial Use
of Force

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: Scene of incident

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 Uses or Exhibits a Deadly Weapon PC 22.02

Offense 2:

Aggravated Robbery PC 29.03

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: Displayed firearm without discharge

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Yes (select all that

Attempt to Injure Others?: apply)

Ways Decedent Attempted To Injure Others: Attempted to injure law enforcement personnel; 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):	No	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	Exhibit any medical problems?:	No

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:	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:

Officers responded to a Robbery in Progress at a Dairy Queen called in by an employee who stated the suspect was armed and holding a manager hostage. As officer approached the rear of the business, the suspect attempted to flee out the back door. When suspect saw officer he raised his firearm but slipped on

the floor. Suspect then ran back into the interior of the restaurant and officer pursued. As officer entered the kitchen area he observed the suspect crouched and hiding in a corner within a few feet and in position to ambush the officer. As officer turned towards suspect, suspect raised and pointed handgun at the officer. Officer discharged his patrol rifle multiple times striking the suspect. Suspect was tended to by EMS and declared deceased on scene. A loaded handgun was recovered from the suspect.