



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 19-857-C

Version Type: AMENDED

Report Date: 3/2/2020 9:54 AM

Status: Submitted

## Agency/Facility Information

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Agency Name: Erath County  
Sheriff's Dept.

Agency Address: 1043 Glen Rose  
Hwy.

Agency City: Stephenville

Agency State: TX

Agency Zip: 76401

## Director Information

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Director Salutation: Sheriff

Director First Name: Matt

Director Middle Name:

Director Last Name: Coates

Reporter Name: Jeremy Woodruff

Reporter Email: captain@co.erath.tx.us

## Decedent Information

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### Identity of Deceased

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First Name: Jacob

Middle Name: Monroe

Last Name: Euers-kee

Suffix:

Date of Birth: 6/6/1997

Sex: Male

Race: Anglo or White

Age At Time Of Death: 22

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

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Date/Time of Custody or  
Incident: 9/4/2019 12:11 AM

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

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Death Date and Time: 9/4/2019 12:15 AM

## Manner / Cause of Death

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

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

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

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Manner of Death: Accidental

## Medical Cause of Death:

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Medical Cause of Death:

Multiple Blunt Force Injuries due to Motor Vehicle--Fixed Object Collision (Passenger)

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

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Medical Treatment: No

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

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Who caused the death?: Other civilian(s)

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

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Type of weapon that caused death?: Vehicle-involved death

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

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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?

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Means of Death: Vehicle accident

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: St Hwy 108 N

City: Stephenville

County: Erath

Zip: 76401

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

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Location Category: Roadway/highway/street/sidewalk

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

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Type of Custody: Police Custody  
(pre-booking)

Specific type of custody/facility:

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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):

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Entry Date Time:

Entry Date Time N/A: ☒

Where did the death occur?

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Death Location: Scene of incident

## General Information

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Did any other law enforcement agencies respond to calls for service related to this incident?

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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?

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Offense 1:

fleeing in motor vehicle

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)

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Type of Offense: Other, specify

Type of Offense, Other:

fleeing in a motor vehicle

At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon?

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Decedent display/use of weapons: No

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

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Attempt to Injure Others?: No

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

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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:

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|                                           |    |                                           |     |
|-------------------------------------------|----|-------------------------------------------|-----|
| 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?

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Under Restraint: No

## Summary of Incident

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

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Summary:

Deputy observed a motor vehicle traveling at a high rate of speed and swerving into the deputies lane of travel. Deputy activated emergency lights and siren to conduct a traffic stop. The vehicle failed to stop and a pursuit ensued. As a result of the pursuit the vehicle crashed and upon investigating the motor vehicle crash individual was pronounced deceased. Autopsy was conducted that ruled the manner of death as Accident. Cause of death Multiple blunt force injuries due to motor vehicle--fixed object collision (passenger). Updated 3/2/20 JW103