KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 20-1444-C | Version Type: | AMENDED |
| Report Date: | 7/23/2021 9:20 AM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Harris County Sheriff's Dept. | Agency Address: | 1200 Baker Street |
| Agency City: | Houston | Agency State: | TX |
| Agency Zip: | 77002 | | |

### Director Information

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|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Ed |
| Director Middle Name: | | | |
| Director Last Name: | Gonzalez | | |
| Reporter Name: | Jeffery Vickery | Reporter Email: | jeffery.vickery@sheriff.hctx.net |

## Decedent Information

### Identity of Deceased

First Name: Kaylup

Middle Name: Christian

Last Name: Deruise

Suffix:

Date of Birth: 6/1/1990 Sex: Male

Race: Black or African American

Age At Time Of Death: 30

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

Date/Time of Custody or Incident: 10/29/2020 11:37 PM

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

Death Date and Time: 10/30/2020 12:03 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: Accidental

## Medical Cause of Death:

Medical Cause of Death:

Multiple blunt force injuries

## 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: | Not Applicable |

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

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| 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)

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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

### Where did the event causing the death occur?

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|---|---|---|---|
| Street Address: | 9819 Barker Cypress Rd | City: | Cypress |
| County: | Harris | Zip: | 77433 |

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

Location Category: Roadway/highway/street/sidewalk

### 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:

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?: 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:

Evading

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)

Type of Offense: Other, specify

Type of Offense, Other:

Traffic Stop

## 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: No

## 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): 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?

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|---|---|
| Under Restraint: | No |

# Summary of Incident

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

Summary:

On Thursday, October 29, 2020, at approximately 11:37 p.m., a Harris County Sheriff's Office deputy attempted to conduct a traffic stop on a vehicle being operated by Kaylup Deruise. Mr. Deruise momentarily pulled over and sped away with a pursuit initiated. Mr. Deruise traveled approximately 6.8 miles and was involved in a crash with another motorist. Mr. Deruise's vehicle flipped and struck a utility pole. EMS paramedics arrived and determined Mr. Deruise had no signs of life on October 30, 3030, at approximately 12:03 a.m..