KEN PAXTON
ATTORNEY GENERAL of TEXAS

**CUSTODIAL DEATH REPORT**

# Agency Information

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|---|---|---|---|
| CDR Number: | 20-393-UF | Version Type: | AMENDED |
| Report Date: | 1/19/2021 10:55 AM | Status: | Submitted |

## Agency/Facility Information

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

## Director Information

| | | | |
|---|---|---|---|
| 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: Larue

Middle Name: Jay

Last Name: Christoph

Suffix:

Date of Birth: 7/14/1967 Sex: Male

Race: Anglo or White

Age At Time Of Death: 52

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

Date/Time of Custody or Incident: 4/28/2020 9:12 PM

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

Death Date and Time: 4/28/2020 9:36 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 are available

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

Manner of Death: Suicide

## Medical Cause of Death:

Medical Cause of Death:

Perforating gunshot wound of chest with perforation of heart and lung

## 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?

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|---|---|---|---|
| Street Address: | 29015 Lake Houston Ln | City: | Huffman |
| County: | Harris | Zip: | 77336 |

## 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: Pre-Custodial Use of Force

## Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel subsequent to 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:

Aggravated Assault

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: 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?: Unknown

## 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?: | Yes | 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: | Yes | Escape or attempt to escape/flee custody: | No |
| 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:

On April 28, 2020, Harris County Sheriff's Office deputies responded to a Weapons Disturbance call. The decedent's wife advised her husband threatened to kill her and himself with a handgun. Deputies arrived at the residence and observed the decedent in his vehicle parked in the driveway. The decedent held a handgun to his chest and refused commands to drop his weapon. The decedent discharged his handgun, fatally striking himself in the chest. EMS paramedics arrived and determined the male had no signs of life.