



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 21-1109-UF

Version Type: ORIGINAL
VERSION

Report Date: 8/30/2021 5:09 PM

Status: Submitted

Agency/Facility Information

Agency Name: Celina Police Dept.

Agency Address: 110 N. Colorado St.

Agency City: Celina

Agency State: TX

Agency Zip: 75009

Director Information

Director Salutation: Chief

Director First Name: John

Director Middle Name:

Director Last Name: Cullison

Reporter Name: John Cullison

Reporter Email: jcullison@celina-tx.gov

Decedent Information

Identity of Deceased

First Name: Louis

Middle Name: Fernando

Last Name: Flores

Suffix:

Date of Birth: 5/13/1977

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 44

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

Date/Time of Custody or
Incident: 7/30/2021 9:08 PM

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

Death Date and Time: 7/30/2021 10:00
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: Homicide (includes
Justifiable
Homicide)

Medical Cause of Death:

Medical Cause of Death:

gunshot wounds.

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?: Not applicable

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: 101 South Alabama
Drive

City: Celina

County: Collin

Zip: 75009

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

Location Category: Parking lot/garage

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: Medical facility

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:

Attempted Murder

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:

Suspicious Person Call

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:

Attempt to Injure Others?: Yes (select all that apply)

Ways Decedent Attempted To Attempted to injure law enforcement

Injure Others: personnel

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

Appear intoxicated (alcohol or drugs): N/A

Make suicidal statements?: N/A

Exhibit any mental health problems?: N/A

Exhibit any medical problems?: N/A

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

Barricade self or initiate standoff?: N/A

Resist being handcuffed or arrested?: Yes

Physically attempt/assault officer(s): Yes

Gain possession of officer's weapon: No

Verbally threaten other(s) including law: No

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: Yes, mark which restraint devices were used

Type of restraint

Type of Restraint: Handcuffs

Summary of Incident

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

Summary:

Officer responded to a suspicious person call. Officers encountered the suspect who emerged from a car, pointed a handgun at officers, and attempted to shoot the officers. Officers discharged their weapons and this

discontinued the threat. Suspect was provided immediate first aid by the officers until Celina FD paramedics responded, then transported the suspect to the hospital for continued treatment. Suspect did not survive the injuries.