



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 21-1401-CJ

Version Type: ORIGINAL
VERSION

Report Date: 10/20/2021 7:25
AM

Status: Submitted

Agency/Facility Information

Agency Name: Liberty County
Sheriff's Dept.

Agency Address: 2400 Beaumont
Ave.

Agency City: Liberty

Agency State: TX

Agency Zip: 77575

Director Information

Director Salutation: Sheriff

Director First Name: Bobby

Director Middle Name: J

Director Last Name: Rader

Reporter Name: Ann Marie
Mitchell

Reporter Email: ann.mitchell@co.liberty.tx.us

Decedent Information

Identity of Deceased

First Name: Scott

Middle Name:

Last Name: Carl

Suffix:

Date of Birth: 5/21/1974

Sex: Male

Race: Black or African
American

Age At Time Of Death: 47

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

Date/Time of Custody or 9/29/2021 11:25
Incident: PM

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

Death Date and Time: 9/30/2021 2:05 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
Evaluation?: pending

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

Manner of Death: Pending autopsy
results

Medical Cause of Death:

Medical Cause of Death:

Pending autopsy results

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

Medical Treatment: No

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?: Not Applicable

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?: Could not be determined

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 4533 Kingwood Dr

City: Houston

County: Harris

Zip: 77345

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

Location Category: Law Enforcement
Facility

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

Type of Custody: County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:

Jail - multiple occupancy cell

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: 6/19/2021 7:46 AM

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:

Burglary of Habitation

Offense 2:

Criminal Mischief >=\$2500-- < \$30000

Offense 3:

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Crime Against
Property

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?: 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?: 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: 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 9/30/2021, at about 11:00 PM, Correctional Officer located Carl Scott conscious but not responding. Scott was clenching and groaning, occasionally saying "ow". After checking on Scott it was apparent that he was going to need to be transported for medical care. Officers started to transport Scott via county vehicle, the determination was made that EMS needed to assist.

Officers transported Scott from his cell to book-in in a wheel chair. While in the book-in area Scott kept getting on the floor. A mattress was placed down on the floor for Scott until EMS arrived. Scott was then transported by EMS to the medical facility.