



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-119-C

Version Type: ORIGINAL
VERSION

Report Date: 2/1/2022 10:40 AM

Status: Submitted

Agency/Facility Information

Agency Name: Brownwood Police
Dept.

Agency Address: 1050 W. Commerce

Agency City: Brownwood

Agency State: TX

Agency Zip: 76801

Director Information

Director Salutation: Other

Director First Name: James

Director Middle Name:

Director Last Name: Fuller

Reporter Name: James Fuller

Reporter Email: jfuller@brownwoodtexas.gov

Decedent Information

Identity of Deceased

First Name: Samuel

Middle Name:

Last Name: Ervin

Suffix: Jr

Date of Birth: 7/3/1976

Sex: Male

Race: Black or African
American

Age At Time Of Death: 45

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

Date/Time of Custody or
Incident: 1/31/2022 4:44 AM

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

Death Date and Time: 1/31/2022 8:00 AM

Manner / Cause of Death

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

Medical Examiner/Coroner
Evaluation?: No, evaluation not
planned

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

Manner of Death: Could not be
determined

Medical Cause of Death:

Medical Cause of Death:

Cause of Death is pending autopsy which is being scheduled to take place in Lubbock, Texas

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

Medical Treatment: Unknown

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: 2601 Crockett Dr.

City: Brownwood

County: Brown

Zip: 76801

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

Location Category: Other, specify

Other Location Category:

Hendricks Medical Center - Brownwood ER

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:

Hospital/Infirmary

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:

Public Intoxication

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: Medical / Mental Health assistance 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: 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): Yes

Make suicidal statements?: No

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Yes

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: 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:

Deceased was discharged from the emergency room and caused a scene in the parking lot. ER staff phoned the PD and arriving officers evaluated and arrested the deceased for public intoxication as it appeared he was under the influence of an unknown type of narcotic. Deceased was handcuffed behind his back and escorted back into the ER per policy to ensure he was medically cleared for admittance into the Brown County Jail. While lying on the gurney, the deceased became unresponsive and attempts to revive him were unsuccessful.