



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 24-1455-UF

Version Type: ORIGINAL
VERSION

Report Date: 10/16/2024 11:40
AM

Status: Submitted

Agency/Facility Information

Agency Name: Texas Department
Of Public Safety

Agency Address: PO BOX 4087

Agency City: Austin

Agency State: TX

Agency Zip: 78773

Director Information

Director Salutation: Director

Director First Name: Steven

Director Middle Name: C

Director Last Name: McCraw

Reporter Name: Joanne
Scarborough

Reporter Email: joanne.scarbrough@dps.texas.gov

Decedent Information

Identity of Deceased

First Name: James

Middle Name: Andrew

Last Name: Degrate

Suffix:

Date of Birth: 6/30/1985

Sex: Male

Race: Black or African
American

Age At Time Of Death: 39

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

Date/Time of Custody or
Incident: 10/9/2024 7:30 AM

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

Death Date and Time: 10/9/2024 2:16 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:

Gunshot wound to the head

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?

Street Address: 503 W. Walker Ave

City: Temple

County: Bell

Zip: 76501

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 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: Medical facility

General Information

Did any other law enforcement agencies respond to calls for service related to this incident?

Other Agencies Respond?: Yes

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:

Fleeing in a motor vehicle-SJF

Offense 2:

Parole Violation-Warrant

Offense 3:

Possession of Stolen Firearm

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:

Speeding 91 mph in a 65 mph zone

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?: 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?:	Yes
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?

Under Restraint: No

Summary of Incident

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

Summary:

On October 9, 2024, at approximately 07:30 p.m., a DPS Trooper initiated a traffic stop on a speeding vehicle. The Trooper contacted the driver, James Degrate. While speaking to Mr. Degrate, the Trooper detected the distinct odor of marijuana emitting from the vehicle. When the Trooper asked Mr. Degrate to exit the vehicle, he sped off. The Trooper pursued Mr. Degrate until he crashed into a parked vehicle. The Trooper drove his unit to the open driver-side door and commanded Mr. Degrate to exit. Mr. Degrate raised a gun to his head and shot himself. The Trooper called for emergency medical services and then began to treat Mr. Degrate. Mr. Degrate was taken to a local hospital where he later died from his self-inflicted gunshot wound.