



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 25-148-C

Version Type: ORIGINAL
VERSION

Report Date: 2/24/2025 3:17 PM

Status: Submitted

Agency/Facility Information

Agency Name: Missouri City Police
Dept.

Agency Address: 1522 Texas
Parkway

Agency City: Missouri City

Agency State: TX

Agency Zip: 77489

Director Information

Director Salutation: Chief

Director First Name: Brandon

Director Middle Name:

Director Last Name: Harris

Reporter Name: DaShawn Keary

Reporter Email: dashawn.keary@missouricitytx.gov

Decedent Information

Identity of Deceased

First Name: Michael

Middle Name: John

Last Name: Hawkins

Suffix: IV

Date of Birth: 7/4/1970

Sex: Male

Race: Anglo or White

Age At Time Of Death: 54

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

Date/Time of Custody or
Incident: 6/20/2024 8:26 PM

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

Death Date and Time: 1/10/2025 12:01
AM

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: Other - specify

Manner of Death Description:

A RESULT OF A MOTOR VEHICLE ACCIDENT WHILE SUBJECT WAS IN THE BACK ON THE PATROL VEHICLE.

Medical Cause of Death:

Medical Cause of Death:

COMPLICATIONS FROM THE ACCIDENT

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?: Law
enforcement/correctional
personnel

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?: Vehicle-involved
death

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: Vehicle accident

Location / Custody Information

Where did the event causing the death occur?

Street Address: CARTWRIGHT
RD/TEXAS PKWY

City: Missouri City

County: Fort Bend

Zip: 77459

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: Police Custody
(pre-booking)

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:

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: Other, specify

Type of Offense, Other:

ASSAULT

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

Specify Weapon Used:

N/A

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): 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?: N/A

Physically attempt/assault officer(s): N/A

Gain possession of officer's weapon: N/A

Verbally threaten other(s) including law: N/A

Escape or attempt to escape/flee custody: N/A

Attempt gain possession officer's weapon: N/A

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:

MR HAWKINS WAS DETAINED AND TRANSPORTED BACK TO THE ORIGINAL OFFENSE LOCATION FOR INVESTIGATION. THE OFFICER THEN RESPONDED TO A SECONDARY CALL FOR SERVICE WITH MR. HAWKINS STILL IN THE PATROL VEHICLE AND THAT'S WHEN THE CRASH OCCURRED.