



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 25-604-UF

Version Type: AMENDED

Report Date: 8/7/2025 1:57 PM

Status: Submitted

Agency/Facility Information

Agency Name: Lewisville Police
Dept.

Agency Address: PO BOX 299002

Agency City: Lewisville

Agency State: TX

Agency Zip: 75029

Director Information

Director Salutation: Chief

Director First Name: Brook

Director Middle Name:

Director Last Name: Rollins

Reporter Name: Billy Wilson

Reporter Email: bwilson@cityoflewisville.com

Decedent Information

Identity of Deceased

First Name: Joanna

Middle Name:

Last Name: Rogers

Suffix:

Date of Birth: 8/18/1981

Sex: Female

Race: Black or African
American

Age At Time Of Death: 43

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

Date/Time of Custody or 7/24/2025 12:35
Incident: AM

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

Death Date and Time: 7/24/2025 1:16 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 are
Evaluation?: 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:

Multiple gunshot wounds per Tarrant County Medical Examiner's Death Investigation Report 2512002.

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?: 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: 2267 S. Stemmons
FWY

City: Lewisville

County: Denton

Zip: 75067

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:

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:

Evading Arrest Detention w/vehicle

Offense 2:

Agg. Assault on Public Servant (4)

Offense 3:

Unlawful Possession of a 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:

Felony Warrant

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?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Attempted to injure law enforcement personnel

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

Appear intoxicated (alcohol or drugs):	Unknown	Make suicidal statements?:	Unknown
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):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	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:

Suspect ROGERS was pulled over on a traffic stop, when she was asked to exit the vehicle (to be arrested for a FELONY warrant), she fled the traffic stop in her vehicle. After a 15-minute high-speed pursuit, she wrecked out, then opened her driver's door and began firing a handgun at Police Officers. Four Officers returned fire striking suspect ROGERS. ROGERS was transported by ambulance to Medical City Lewisville and succumbed to the injuries sustained during the OIS. ROGERS was pronounced deceased by the ER doctor at 0116 hours on July 24, 2025.

