KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| PA Number: | PA16287C | Report Date: | 7/8/2016 12:55 PM |
| Status: | Submitted | | |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Department ID: | 370 | Department Type: | POLICE |
| Agency Name: | Hedwig Village Police Dept. | Agency Number: | TX1014100 |
| Agency Phone: | 7134614797 | Agency Address: | 9000 Gaylord |
| Agency City: | Hedwig Village | Agency County: | Harris |
| Agency State: | TX | Agency Zip: | 77024 |

### Director Information

Director Salutation:

Chief

Director First Name:

David

Director Middle Name:

A.

Director Last Name:

Gott

| | | | |
|---|---|---|---|
| Reporter Name: | Captain P.A. Warner | Reporter Email: | pwarner@thecityofhedwigvillage.com |

# Location / Custody Information

## Where did the event causing the death occur?

Street Address: 8901 Gaylord Drive

City: Houston

County: Harris

## 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 Peace Officer during/fleeing arrest

Custody Type Facility:

## 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: At medical facility

Death Location Elsewhere:

# Decedent Information

## Identity of Deceased

First Name: Darrall

Middle Name: Deonta

Last Name: Thomas

Suffix:

Date of Birth: 7/9/1994 Sex: Male

Ethnicity: African-American

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

Death Date and Time: 5/31/2016 3:44 AM

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

Date/Time of Custody or Incident:

5/31/2016 2:21 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 pending

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

Manner of Death:

Other

Manner of Death Description:

Pending autopsy

Death Reason:

Medical condition only (e.g. heart attack)

## Medical Cause of Death:

Medical Cause of Death:

Pending autopsy

## 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?:

Not applicable; cause of death was suicide, intoxication or illness/natural causes

Death Causer Other:

## If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

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?:

Don\'t know

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

Means of Death:

Not applicable; cause of death was intoxication or illness/natural causes

# General Information

## 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:

Theft of ATM

Offense 2:

Offense 3:

Were the Charges::

Not filed at time of death

## What were the types of charges or reason for contact?

Type of Offense:

## Injuries of Decedent

Injured By: Injured by NA

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

| | | | |
|---|---|---|---|
| Appear intoxicated (alcohol or drugs): | No | Exhibit any mental health problems?: | |
| Exhibit any medical problems?: | | | |

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

| | | | |
|---|---|---|---|
| Threaten the officer(s) involved: | No | Resist being handcuffed or arrested?: | No |
| Try to escape/flee from custody: | Yes | Grab, hit or fight with the officer(s): | No |

Other Behavior:

☐

Specify Other Behavior:

| | |
|---|---|
| Use weapon threaten/assault officer(s): | 0 |

### Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint:

Yes

## Summary of Incident

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

Summary:

Deceased was evading arrest on foot after burglarizing an ATM machine. The deceased was located in a large ditch exhausted and surrendered to police. After being helped from the ditch the deceased complained that he was having difficulty breathing and stated that he had asthma. EMS was notified and transported the deceased to a local hospital where he later died. Awaiting official report from medical examiner for cause of death.