



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number: PA16441C

Report Date: 10/4/2016 3:03 PM

Status: Submitted

Agency/Facility Information

Department ID: 356

Department Type: COCONST

Agency Name: Harris County
Constable Precinct
4

Agency Number: TX1014900

Agency Phone: 2814016205

Agency Address: 6831 Cypresswood
Dr.

Agency City: Spring

Agency County: Harris

Agency State: TX

Agency Zip: 77379

Director Information

Director Salutation:

Constable

Director First Name:

Mark

Director Middle Name:

Director Last Name:

Herman

Assistant Chief
Reporter Name: Michael W.

Reporter Email: michael.combest@cd4.hctx.net

Location / Custody Information

Where did the event causing the death occur?

Street Address: 23926 Spring Dane Dr.

City: Spring

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 the crime/arrest scene

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Michelle

Middle Name: Dietereich

Last Name: Miller

Suffix:

Date of Birth: 6/18/1970

Sex: Female

Ethnicity: Anglo

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

Death Date and Time: 9/19/2016 9:17 PM

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

Date/Time of Custody or Incident:

9/19/2016 9:17 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 pending

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

Manner of Death:

Justifiable Homicide

Manner of Death Description:

Death Reason:

Injuries only

Medical Cause of Death:

Medical Cause of Death:

Unknown

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 staff

Death Causer Other:

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

Type of Death Weapon:

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

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:

Terroristic Threat

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 Officer

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: Yes

Resist being handcuffed or arrested?: No

Try to escape/flee from custody: No

Grab, hit or fight with the officer(s): No

Other Behavior:



Specify Other Behavior:

Use weapon threaten/assault officer(s): 1

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:

The Harris County Constable's Office, Precinct 4 was contacted by the Iowa Parks, Texas Police Department regarding actions by the deceased that involved her making terroristic threats directed at a family member (threatening to take her sisters life). Additionally, deceased threatened to shoot any officer that show up. Deputies responded to the area of her home to make contact with her to conduct welfare check. Vehicle operated by the deceased arrived and was followed to the residence at 23926 Spring Dane Drive. Deceased

parked in the driveway and exited the vehicle with a pistol. Began walking towards her front door. Deputies backed away. Decased turned around and began walking back towards the deputies and began raising the pistol. Deputy used deadly force resulting in fatal injuries.