KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	PA16431CJ	Version Type:	AMENDED
Report Date:	9/27/2016 10:58 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Harris County Sheriff's Dept.	Agency Address:	1200 Baker Street
Agency City:	Houston	Agency State:	TX
Agency Zip:	77002		

Director Information

Director Salutation:	Sheriff	Director First Name:	Ron
Director Middle Name:			
Director Last Name:	Hickman		
Reporter Name:	Lieutenant James Dewey	Reporter Email:	Jim.Dewey@sheriff.hctx.net

Decedent Information

Identity of Deceased

First Name: Kevin

Middle Name: Jerome

Last Name: David

Suffix:

Date of Birth: 5/19/1975 Sex: Male

Race:

Age At Time Of Death: 41

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

Date/Time of Custody or Incident: 8/18/2016 8:34 PM

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

Death Date and Time: 9/26/2016 8:46 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: Natural Causes/Illness

Medical Cause of Death:

Medical Cause of Death:

Pulmonary thromboembolus due to lower extremity deep venous thrombosis associated with obesity

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Yes

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

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?: 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

Location / Custody Information

Where did the event causing the death occur?

Street Address:	1401 St. Joseph Parkway	City:	Houston
County:	Harris	Zip:	

What location category best describes where the event causing the death occurred?

Location Category:

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:

Jail - multiple occupancy cell

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

General Information

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

Other Agencies Respond?:

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:

POSS W/INT DEL/MAN

Offense 2:

Fail to Comply as Sex Offender

Offense 3:

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense:

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:

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

Attempt to Injure Others?:

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?:	
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:

Barricade self or initiate standoff?:		Resist being handcuffed or arrested?:	No
Physically attempt/assault officer(s):		Gain possession of officer's weapon:	
Verbally threaten other(s) including law:		Escape or attempt to escape/flee custody:	
Attempt gain possession officer's weapon:			

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 September 26, 2016, Inmate Kevin David (SPN 001971944) died in custody at St. Joseph Hospital, located at 1401 St. Joseph Parkway, Houston, Texas, 77002. Inmate David was pronounced deceased by attending physician Dr. T. Peterson at 0846 hours. Inmate David, a black male, 41 years of age had been in custody of the Harris County Sheriff's Office since his arrest for POSS W/INT DEL/MAN and Failure to Comply as Sex Offender. On August 18, 2016, at 2034 hours, Inmate David was processed into the Harris County Jail with a No bond and assigned to the 208th District Court.On September 26, 2016, at approximately 0700 hours, Inmate David began experencing a medical emergency. Inmate David was immediately escorted to the clinic. On September 26, 2016, at approximately 0810 hours, Inmate David was tramsported by Houston Fire Department ambulance to St. Joseph Hospital. On September 26, 2016, at 0846 hours, Doctor T. Peterson pronounced Inmate David deceased. Autopsy pending.