CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-309-P  
Version Type: AMENDED  
Report Date: 6/14/2022 9:02 AM  
Status: Submitted

Agency/Facility Information

Agency Name: TDCJ/Office of the Inspector General  
Agency Address: 1012 Veterans Memorial Parkway  
Agency City: Huntsville  
Agency State: TX  
Agency Zip: 77320

Director Information

Director Salutation: Director  
Director First Name: Cris  
Director Middle Name:  
Director Last Name: Love

Reporter Name: Ashley Gutierrez  
Reporter Email: oig_custodial_death_reports@tdcj.texas.gov

Decedent Information
Identity of Deceased

First Name: Damien

Middle Name:

Last Name: Bryant

Suffix:

Date of Birth: 3/8/1991  Sex: Male

Race: Black or African American

Age At Time Of Death: 31

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

Date/Time of Custody or Incident: 7/30/2019 12:00 AM

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

Death Date and Time: 3/11/2022 5:17 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: Accidental
<table>
<thead>
<tr>
<th><strong>Medical Cause of Death:</strong></th>
<th>Asphyxia and smoke inhalation injury due to immolation and structural fire</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?</strong></th>
<th><strong>Medical Treatment:</strong> Not Applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>If death was an accident, homicide or suicide, who caused the death?</strong></th>
<th><strong>Who caused the death:</strong> Decedent</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)</strong></th>
<th><strong>Type of weapon that caused death:</strong> Not Applicable</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?</strong></th>
<th><strong>Pre existing medical condition:</strong> Not Applicable: cause of death was accidental injury, intoxication, suicide or homicide</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>If death was an accident, homicide or suicide, what was the means of death?</strong></th>
<th><strong>Means of Death:</strong> Other, specify</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Means of Death Other:</strong></th>
<th>Fire/smoke</th>
</tr>
</thead>
</table>
Location / Custody Information

Where did the event causing the death occur?

<table>
<thead>
<tr>
<th>Street Address:</th>
<th>2661 FM 2054</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
<td>Tennessee Colony</td>
</tr>
<tr>
<td>County:</td>
<td>Anderson</td>
</tr>
<tr>
<td>Zip:</td>
<td>75886</td>
</tr>
</tbody>
</table>

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

| Location Category: | Law Enforcement Facility |

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

| Type of Custody: | Penitentiary |

Specific type of custody/facility:

<table>
<thead>
<tr>
<th>Specific Type of Custody/Facility:</th>
<th>TDCJ, specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>TDCJ - Specify Unit:</td>
<td>Beto unit</td>
</tr>
</tbody>
</table>

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: | 7/30/2019 12:00 AM |

Where did the death occur?

| Death Location: | Law enforcement facility/booking center |
General Information

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

Other Agencies Respond?: No

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:
Aggravated assault with deadly weapon

Offense 2:

Offense 3:

Were the Charges: Convicted

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

Type of Offense: Violent Crime Against Persons

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

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): No  
Exhibit any mental health problems?: No  
Make suicidal statements?: No  
Exhibit any medical problems?: No

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?: No  
Physically attempt/assault officer(s): No  
Gain possession of officer’s weapon: No  
Verbally threaten other(s) including law: No  
Escape or attempt to escape/flee custody: No  
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:
Inmate Bryant was in U-302 cell alone and set a fire inside the cell in front of the cell door incurring burns to his body and filling the cell with smoke. It is unknown if the death was a suicide or accidental at this time.