CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-393-CJ
Report Date: 3/6/2023 4:32 AM
Status: Submitted

Version Type: AMENDED

Agency/Facility Information

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

Director Information

Director Salutation: Sheriff
Director First Name: Ed
Director Middle Name:
Director Last Name: Gonzalez

Reporter Name: Jeffery Vickery
Reporter Email: jeffery.vickery@sheriff.hctx.net

Decedent Information

Identity of Deceased
First Name: Evan
Middle Name: Ermayne
Last Name: Lee
Suffix:
Date of Birth: 11/9/1990
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: 12/22/2021 3:39 PM

Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):
Death Date and Time: 3/22/2022 5:38 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 are 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:

Blunt head trauma with subdural hemorrhage

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

Medical Treatment: Unknown

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?: Unknown person(s) caused the injury

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?: Unknown

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?: Could not be determined

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

Means of Death: Unknown

Location / Custody Information
Where did the event causing the death occur?

Street Address: 1200 Baker St  
City: Houston  
County: Harris  
Zip: 77002

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: County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility: Jail - single 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: 12/22/2021 3:39 PM

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?

<table>
<thead>
<tr>
<th>Offense 1:</th>
<th>Aggravated Assault W/Deadly Weapon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offense 2:</td>
<td></td>
</tr>
<tr>
<td>Offense 3:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were the Charges:</th>
<th>Filed</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Type of Offense:</th>
<th>Violent Crime Against Persons</th>
</tr>
</thead>
</table>

At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon?

<table>
<thead>
<tr>
<th>Decedent display/use of weapons:</th>
<th>No</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Attempt to Injure Others?:</th>
<th>Unknown</th>
</tr>
</thead>
</table>

| At any time during the incident and/or entry into the law enforcement facility, did the decedent: | |
| Meet intoxicated (alcohol or drugs): | Unknown |
| Make suicidal statements?: | Unknown |
| Exhibit any mental health problems?: | Unknown |
| Exhibit any medical problems?: | Yes |

| 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): Unknown
Verbally threaten other(s) including law: Unknown
Attempt gain possession officer's weapon: No
Gain possession of officer's weapon: No
Escape or attempt to escape/flee custody: 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:

On March 18, 2022, the decedent advised he was not feeling well and was sent to the clinic. A medical provider determined the decedent suffered from Altered Mental Status due to possible head trauma or ingestion of an unknown substance. Houston Fire Department paramedics responded and transported the decedent to an outside hospital for a higher level of care. On March 22, 2022, at 5:38 p.m., a medical doctor pronounced his death.