KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-688-C	Version Type:	AMENDED
Report Date:	11/29/2022 8:39 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Cisco Police Dept	Agency Address:	504 Conrad Hilton Blvd
Agency City:	Cisco	Agency State:	TX
Agency Zip:	76437		

Director Information

Director Salutation:	Chief	Director First Name:	Kenneth
Director Middle Name:			
Director Last Name:	Preston		
Reporter Name:	Kenneth Preston	Reporter Email:	kenneth@ciscotexas.gov

Decedent Information

Identity of Deceased

First Name: Dakota

Middle Name: Austin

Last Name: Porter

Suffix:

Date of Birth: 8/15/1993 Sex: Male

Race: Anglo or White

Age At Time Of Death: 28

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

Date/Time of Custody or Incident: 5/28/2022 11:25 PM

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

Death Date and Time: 5/29/2022 5:15 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

Medical Cause of Death:

Medical Cause of Death:

Toxic effects of Methamphetamine

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?: Decedent

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?: Could not be determined

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

Means of Death: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address: 301 West 7th

City: Cisco

County: Eastland

Zip: 76437

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

Location Category: Roadway/highway/street/sidewalk

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:

Hospital/Infirmary

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: 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?

Offense 1:

Public Intoxication

Offense 2:

Possession of Controlled Substance PG1

Offense 3:

Parole Warrant

Were the Charges:: A probation/parole violation

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

Type of Offense: Alcohol / drug 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: 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):	Yes	Make suicidal statements?:	No
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):	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

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

Summary:

Officers received a call of a intoxicated man in the area of 301 West 7th Street in Cisco, Texas. Upon arrival Officers believed that the man was intoxicated due to ingesting possible methamphetamine. The man subsequently failed to give his correct name and date of birth to officers on scene. After a brief examination by medics on scene the man was taken straight to the nearest hospital, Eastland Memorial Hospital in Eastland, Texas. The man was taken to the medical facility and was later identified and a warrant was confirmed which was a TDCJ Warrant for Parole Violations. Man was treated at the facility where life saving measures were performed. He was later pronounced dead by the Doctor on site. A quantity of controlled substance was found on his person.