



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-980-UF

Version Type: AMENDED

Report Date: 1/18/2023 4:56 PM

Status: Submitted

Agency/Facility Information

Agency Name: Smith County
Sheriff's Office

Agency Address: 227 N. Spring Ave.

Agency City: Tyler

Agency State: TX

Agency Zip: 75702

Director Information

Director Salutation: Sheriff

Director First Name: Larry

Director Middle Name: R

Director Last Name: Smith

Reporter Name: Robert Strickland

Reporter Email: rstrickland@smith-county.com

Decedent Information

Identity of Deceased

First Name: Taylor

Middle Name: Ray

Last Name: Stevenson

Suffix:

Date of Birth: 9/13/1996

Sex: Male

Race: Anglo or White

Age At Time Of Death: 25

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

Date/Time of Custody or
Incident: 6/21/2022 2:11 AM

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

Death Date and Time: 6/21/2022 3:06 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: Homicide (includes
Justifiable
Homicide)

Medical Cause of Death:

Medical Cause of Death:

Gunshot wound of chest perforating heart and left lung

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
personnel

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?: 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

Location / Custody Information

Where did the event causing the death occur?

Street Address: 16374 CR 4100 #8

City: Lindale

County: Smith

Zip: 75771

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

Location Category: Residence/Home

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

Type of Custody: Pre-Custodial Use
of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

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:

Aggravated Assault with Deadly Weapon

Offense 2:

Offense 3:

Were the Charges:: Not filed at time of death

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

Type of Offense: Crime Against Property

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed firearm without discharge

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

Attempt to Injure Others?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Attempted to injure law enforcement personnel

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

Appear intoxicated (alcohol or drugs): Unknown

Make suicidal statements?: Yes

Exhibit any mental health problems?: Yes

Exhibit any medical problems?: Unknown

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): Yes

Gain possession of officer's weapon: No

Verbally threaten other(s) including law: Yes

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:

On 6/21/2022 at approximately 1:44 AM, Smith County Deputies were responding to the address of 16374 County Road 4100 Unit #8, Lindale, Texas 75771 on a Burglary in progress call. The Lindale Police Department also sent two officers to assist. The officers learned when they arrived the suspect, a Taylor Ray Stevenson, had been in a domestic dispute with his domestic partner, Destri Danley, and he had armed himself with a handgun prior to Deputies' arrival.

Sheriff's Deputies made verbal contact with Stevenson from a safe distance attempting to convince Stevenson to put down his handgun which he was holding in his right hand. Stevenson paced about making statements with suicidal ideations and speaking of the general despair he felt about his life. While responding law enforcement personnel attempted to intervene in Stevenson's apparent crisis to de-escalate the situation, Stevenson pointed his handgun at one of the deputies in a threatening manner, and the threatened deputy discharged his handgun at Stevenson striking him in the chest.

Immediate life-saving efforts were initiated by law enforcement personnel on Stevenson, and Emergency Medical Services, which had been called for previously, arrived to transport Stevenson to the UT Health hospital where he was later pronounced deceased.

