



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 23-1349-C

Version Type: AMENDED

Report Date: 12/12/2023 1:42 PM

Status: Submitted

Agency/Facility Information

Agency Name: Killeen Police Dept.

Agency Address: 3304 Community Blvd.

Agency City: Killeen

Agency State: TX

Agency Zip: 76542

Director Information

Director Salutation: Chief

Director First Name: Charles

Director Middle Name: F

Director Last Name: Kimble

Reporter Name: Michael
Sousounis

Reporter Email: msousounis@killeentexas.gov

Decedent Information

Identity of Deceased

First Name: LaTonya

Middle Name:

Last Name: Thomas

Suffix:

Date of Birth: 12/15/1968

Sex: Female

Race: Black or African
American

Age At Time Of Death: 54

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

Date/Time of Custody or
Incident: 10/9/2023 2:31 PM

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

Death Date and Time: 10/9/2023 4:02 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Toxic effects of cocaine in conjunction with hypertensive and atherosclerotic cardiovascular disease.

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?: Pre-existing medical condition

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

Means of Death: Other, specify

Means of Death Other: Toxic effects of cocaine in conjunction with hypertensive and atherosclerotic cardiovascular disease.

Location / Custody Information

Where did the event causing the death occur?

Street Address: 3304 Community
Blvd

City: Killeen

County: Bell

Zip: 76542

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: Police Custody
(pre-booking)

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: 10/9/2023 3:07 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?: 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:

Obstructing a Highway or Other Passageway

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: Other, specify

Type of Offense, Other:

Blocking a roadway

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?: 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): 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 were dispatched to an individual blocking a roadway. Officers made contact with the individual who was subsequently placed under arrest for obstructing a roadway. The individual was secured in handcuffs, placed in the rear seat area of a marked patrol unit, and transported to the city jail for processing. A short time, after arriving and entering the city jail, the person became unresponsive. Staff on scene provided Medical attention to the arrested person and EMS was summoned for the person and provided additional medical attention. The arrested person was transported to a local hospital where she was pronounced deceased.

