



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 24-217-C

Version Type: AMENDED

Report Date: 2/26/2024 10:41
AM

Status: Submitted

Agency/Facility Information

Agency Name: Arlington Police
Dept.

Agency Address: 620 W. Division St.

Agency City: Arlington

Agency State: TX

Agency Zip: 76011

Director Information

Director Salutation: Chief

Director First Name: Alexander

Director Middle Name:

Director Last Name: Jones

Reporter Name: Richard Garcia

Reporter Email: richard.garcia@arlingtontx.gov

Decedent Information

Identity of Deceased

First Name: Sean

Middle Name:

Last Name: McKay

Suffix:

Date of Birth: 3/27/1974

Sex: Male

Race: Anglo or White

Age At Time Of Death: 49

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

Date/Time of Custody or
Incident: 2/8/2024 1:30 PM

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

Death Date and Time: 2/8/2024 2:18 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:

Gunshot wounds of the head and torso.

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

Medical Treatment: No

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: 5400 West
Interstate I-20

City: Arlington

County: Tarrant

Zip: 76016

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: 2/8/2024 2:18 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?

Offense 1:

Aggravated Assault on Peace Officer

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:

traffic stop

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?: No

Exhibit any mental health problems?: Unknown

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?: Yes

Resist being handcuffed or arrested?: Yes

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: Yes

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:

Arlington Motors Officer initiated a traffic stop near 5400 West Interstate I-20, on February 08, 2024, at approximately 1330 hours. During the traffic stop the subject was acting erratically and not following commands by the officer. The officer requested the driver to give him the keys and turn off the vehicle. The keys to the vehicle were in the ignition and the driver tried several times to turn the vehicle on and the vehicle would not turn on. A Kennedale Investigator with DEA task force saw the traffic stop and stopped to assist. The officer requested the subject to step out of the vehicle and the subject refused and he would not exit the vehicle. The officers attempted to remove the subject and he began to resist officers and jumped over to the passenger side of the vehicle and pulled out a handgun. The Kennedale Officer was on the passenger rear side of the vehicle and the Arlington Officer pulled out his handgun and was at the driver-side door giving commands for the subject to drop the weapon. The subject refused to drop the weapon and the Arlington Officer fired three times. The subject was transported to MCA and was confirmed deceased at approximately 1418 hours.

