KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-847-C	Version Type:	AMENDED
Report Date:	6/14/2024 8:02 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Houston Police Dept.	Agency Address:	1200 Travis, 16th Floor
Agency City:	Houston	Agency State:	TX
Agency Zip:	77002		

Director Information

Director Salutation:	Director	Director First Name:	Sheryal
Director Middle Name:			
Director Last Name:	Armstrong		
Reporter Name:	Kimberly Fowler	Reporter Email:	kimberly.fowler@houstonpolice.org

Decedent Information

Identity of Deceased

First Name: Earnest

Middle Name: Ralph

Last Name: Giron

Suffix:

Date of Birth: 4/5/1985 Sex: Male

Race: Black or African American

Age At Time Of Death: 39

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

Date/Time of Custody or Incident: 6/2/2024 12:22 AM

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

Death Date and Time: 6/2/2024 1:48 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:

Acute phencyclidine toxicity

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?:	Not applicable

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?

7012 Semmes

Street Address: Street

City: Houston

County: Harris

Zip: 77093

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:

Custody of Law Enforcement Personnel during/fleeing arrest

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?: 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:

Criminal Mischief

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: 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):	No	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	Exhibit any medical problems?:	No

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?:	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:	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:	Other device, specify
Other device, specify:	WRAP restraint device

Summary of Incident

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

Summary:

On June 1, 2024, Houston Police Officers from the Northeast Division were dispatched to a code 2 Criminal Mischief in progress. When the primary officer arrived, he noticed several individuals walking down the street following another individual. The primary officer learned the male they were medications. Several other officers arrived to assist with detaining the male individuals because he was acting erratically, and they observed signs that the male was in a mental health crisis. Officers attempted to handcuff the male. However, he kept resisting, which led to officers requesting a WRAP device. The WRAP device was applied, and the Houston Fire Department (HFD) was called to assist with transporting the male individual.

Once HFD arrived, the male individual was placed on a stretcher and put in the back of the ambulance. HFD personnel noticed he was unresponsive and requested the handcuffs and WRAP device be removed. Officers quickly removed the handcuffs and WRAP device. HFD personnel began CPR before transporting the male to the hospital. Upon arrival at the hospital, medical personnel staff continued CPR until the attending physician called the time of death at 0148 hrs.