KEN PAXTON
ATTORNEY GENERAL of TEXAS

**CUSTODIAL DEATH REPORT**

# Agency Information

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|---|---|---|---|
| CDR Number: | 24-1410-C | Version Type: | AMENDED |
| Report Date: | 9/30/2024 12:22 PM | Status: | Submitted |

## Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Harris County Sheriff's Dept. | Agency Address: | 1200 Baker Street |
| Agency City: | Houston | Agency State: | TX |
| Agency Zip: | 77002 | | |

## Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Ed |
| Director Middle Name: | | | |
| Director Last Name: | Gonzalez | | |
| Reporter Name: | Jeffery Vickery | Reporter Email: | jeffery.vickery@sheriff.hctx.net |

# Decedent Information

### Identity of Deceased

First Name: Alison

Middle Name:

Last Name: Allen

Suffix:

Date of Birth: 5/4/1973 Sex: Female

Race: Anglo or White

Age At Time Of Death: 51

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

Date/Time of Custody or Incident: 9/27/2024 10:43 AM

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

Death Date and Time: 9/27/2024 11:46 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: Suicide

## Medical Cause of Death:

Medical Cause of Death:

Multiple blunt force injuries of the head, torso and extremities

## 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?: 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?: 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: Other, specify

Means of Death Other: Fall

# Location / Custody Information

## Where did the event causing the death occur?

| | | | |
|---|---|---|---|
| Street Address: | 88 W Grand Parkway S | City: | Katy |
| County: | Harris | Zip: | 77494 |

## 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:

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?: 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:

N/A

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: Medical / Mental Health assistance call

## 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): | Unknown | Make suicidal statements?: | Unknown |
| 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?: | Unknown | 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: | No |

## Summary of Incident

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

Summary:

On September 27, 2024, Harris County Sheriff's Office deputies responded to the decedent sitting on the ledge of a freeway overpass next to her parked vehicle. A deputy arrived and attempted to speak with the decedent from a distance. A few minutes passed, and the decedent fell backwards off the overpass and onto the grassy area below. Deputies and paramedics arrived to the decedent and began life-saving measures. The decedent was airlifted to Memorial Hermann Hospital where she was pronounced deceased by a medical doctor.