



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 25-36-UF

Version Type: ORIGINAL
VERSION

Report Date: 1/14/2025 12:16
PM

Status: Submitted

Agency/Facility Information

Agency Name: Crosby County
Sheriff's Dept.

Agency Address: 201 West Aspen,
Suite 109

Agency City: Crosbyton

Agency State: TX

Agency Zip: 79322

Director Information

Director Salutation: Sheriff

Director First Name: Corey

Director Middle Name:

Director Last Name: Nunley

Reporter Name: Corey Nunley

Reporter Email: cnunley@crosbycoso.org

Decedent Information

Identity of Deceased

First Name: Michael

Middle Name:

Last Name: Phillips

Suffix: Jr

Date of Birth: 1/30/1997

Sex: Male

Race: Black or African
American

Age At Time Of Death: 27

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

Date/Time of Custody or Incident: 12/28/2024 7:54
AM

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

Death Date and Time: 1/2/2025 3:04 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
pending

What was the manner of death? (select only one)

Homicide (includes

Manner of Death: Justifiable
Homicide)

Medical Cause of Death:

Medical Cause of Death:

Complications of gunshot wound to the head.

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: 103 N Jackson

City: Lorenzo

County: Crosby

Zip: 79343

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:

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?: 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 Robbery Warrant

Offense 2:

Transportation Code Violations

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: Violent Crime
Against Persons

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?: Yes (select all that apply)

Ways Decedent Attempted To Injured law

Injure Others: 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?:	Unknown
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?:	No	Resist being handcuffed or arrested?:	Yes
Physically attempt/assault officer(s):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	Escape or attempt to escape/flee custody:	Yes
Attempt gain possession officer's weapon:	Unknown		

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:	Conducted Energy Device (TASER)

Summary of Incident

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

Summary:

On December 28, 2024, A Crosby County Sheriff's Deputy attempted a traffic stop on the decedent's red BMW being operated on a public road in the City of Lorenzo Texas. The Decedent refused to stop, and a short pursuit ensued, ending at the decedent's residence. The Deputy attempted to take the driver into custody, the driver resisted and refused to comply with the orders given. The Deputy deployed his less lethal, conducted energy device (TASER), twice, in an attempt to gain the Decedent's compliance. A passenger from the vehicle began physically assaulting and interfering with the Deputy's attempt to effect the arrest and a physical altercation ensued between the Deputy, the Decedent, and the passenger. This altercation and the Decedent's attempt to overpower the Deputy led to the Deputy ultimately discharging his firearm, striking the Decedent.

The Deputy requested emergency medical services, and aided by a Crosbyton Police Officer, provided aid while awaiting EMS response. The Decedent was transported to University Medical Center in Lubbock Texas with life threatening injuries. The decedent succumbed to his injury on January 2, 2025.