KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-148-C	Version Type:	ORIGINAL VERSION
Report Date:	2/24/2025 3:17 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Missouri City Police Dept.	Agency Address:	1522 Texas Parkway
Agency City:	Missouri City	Agency State:	TX
Agency Zip:	77489		

Director Information

Director Salutation:	Chief	Director First Name:	Brandon
Director Middle Name:			
Director Last Name:	Harris		
Reporter Name:	DaShawn Keary	Reporter Email:	dashawn.keary@missouricitytx.gov

Decedent Information

Identity of Deceased

First Name: Michael

Middle Name: John

Last Name: Hawkins

Suffix: IV

Date of Birth: 7/4/1970 Sex: Male

Race: Anglo or White

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: 6/20/2024 8:26 PM

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

Death Date and Time: 1/10/2025 12:01 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: Other - specify

Manner of Death Description:

A RESULT OF A MOTOR VEHICLE ACCIDENT WHILE SUBJECT WAS IN THE BACK ON THE PATROL VEHICLE.

Medical Cause of Death:

Medical Cause of Death:

COMPLICATIONS FROM THE ACCIDENT

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?: Vehicle-involved death

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: Vehicle accident

Location / Custody Information

Where did the event causing the death occur?

Street Address:	CARTWRIGHT RD/TEXAS PKWY	City:	Missouri City
County:	Fort Bend	Zip:	77459

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?: 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:

ASSAULT

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:

ASSAULT

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

Specify Weapon Used:

N/A

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):	N/A	Make suicidal statements?:	N/A
Exhibit any mental health problems?:	N/A	Exhibit any medical problems?:	N/A

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Barricade self or initiate standoff?:	N/A	Resist being handcuffed or arrested?:	N/A
Physically attempt/assault officer(s):	N/A	Gain possession of officer's weapon:	N/A
Verbally threaten other(s) including law:	N/A	Escape or attempt to escape/flee custody:	N/A
Attempt gain possession officer's weapon:	N/A		

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:

MR HAWKINS WAS DETAINED AND TRANSPORTED BACK TO THE ORIGINAL OFFENSE LOCATION FOR INVESTIGATION. THE OFFICER THEN RESPONDED TO A SECONDARY CALL FOR SERVICE WITH MR. HAWKINS STILL IN THE PATROL VEHICLE AND THAT'S WHEN THE CRASH OCCURRED.