KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 25-816-UF | Version Type: | ORIGINAL VERSION |
| Report Date: | 10/9/2025 8:04 AM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Harris County Constable Precinct 1 | Agency Address: | 1302 Preston, Room 300 |
| Agency City: | Houston | Agency State: | TX |
| Agency Zip: | 77002 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Constable | Director First Name: | Alan |
| Director Middle Name: | | | |
| Director Last Name: | Rosen | | |
| Reporter Name: | Eric Greenwood | Reporter Email: | eric.greenwood@cn1.hctx.net |

## Decedent Information

### Identity of Deceased

First Name: Zackariah

Middle Name:

Last Name: Denham

Suffix:

Date of Birth: 7/18/1992 Sex: Male

Race: Anglo or White

Age At Time Of Death: 33

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

Date/Time of Custody or Incident: 9/30/2025 6:25 PM

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

Death Date and Time: 9/30/2025 6:25 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 pending

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

Manner of Death: Suicide

## Medical Cause of Death:

Medical Cause of Death:

Close impact gunshot wound to the left temple. Self-inflicted.

## 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?: 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?: 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?: Pre-existing medical condition

## 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: | 24003 Spring Mill Lane | City: | Houston |
| County: | Harris | Zip: | 77373 |

### 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: Pre-Custodial Use of Force

### Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel subsequent to 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: Scene of incident

## 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:

Mental Health Warrant

Offense 2:

Offense 3:

Were the Charges:: Filed

## 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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Discharged firearm

## 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?: Yes

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?: | 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:

A known male consumer with an active mental health warrant committed suicide upon making contact with deputies.