



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 26-161-C

Version Type: AMENDED

Report Date: 3/3/2026 10:22 AM

Status: Submitted

Agency/Facility Information

Agency Name: Texas Department
Of Public Safety

Agency Address: PO BOX 4087

Agency City: Austin

Agency State: TX

Agency Zip: 78773

Director Information

Director Salutation: Director

Director First Name: Freeman

Director Middle Name:

Director Last Name: Martin

Reporter Name: Melinda Grieves

Reporter Email: melinda.grieves@dps.texas.gov

Decedent Information

Identity of Deceased

First Name: Jeffrey

Middle Name: Rayshun

Last Name: Foster

Suffix:

Date of Birth: 1/15/1981

Sex: Male

Race: Black or African
American

Age At Time Of Death: 45

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

Date/Time of Custody or
Incident: 2/13/2026 8:34 AM

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

Death Date and Time: 2/13/2026 9:10 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:

Pending autopsy results

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?: Unknown whether
decedent sustained
a fatal injury

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?

Street Address: 306 East Trinity
Street

City: Madisonville

County: Madison

Zip: 77864

What location category best describes where the event causing the death occurred?

Location Category: Other, specify

Other Location Category:

Patrol's unit's rear seat

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 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: 2/13/2026 9:10 AM

Where did the death occur?

Death Location: Elsewhere, specify

Death Location Elsewhere:

Unresponsive upon jail arrival

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:

Capital Murder

Offense 2:

Aggravated Assault with a Deadly Weapon

Offense 3:

Felony Evading with a Motor Vehicle

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?: 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?: No

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Yes

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

Barricade self or initiate standoff?:	Yes	Resist being handcuffed or arrested?:	Yes
Physically attempt/assault officer(s):	Unknown	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Yes	Escape or attempt to escape/flee custody:	No
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: Handcuffs

Summary of Incident

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

Summary:

On February 13, 2026, Mr. Foster entered a convenience store, shot a female, and fled the scene in his vehicle. Mr. Foster's vehicle was located by a law enforcement officer who initiated a traffic stop. A pursuit ensued. A law enforcement officer used his vehicle to terminate the pursuit. Mr. Foster's vehicle was spun on its side and came to rest. Mr. Foster eventually exited the vehicle, but did not surrender. Mr. Foster disobeyed commands and verbally threatened officers. Several law enforcement officers deployed their tasers and achieved neuromuscular incapacitation briefly disabling Mr. Foster to permit his handcuffing without further incident. Officers took Mr. Foster into custody, placed him in the rear of their patrol car, and transported him to the Madison County Jail. While still inside the patrol unit, Mr. Foster became unresponsive. Jail staff and EMS personnel initiated lifesaving measures. Mr. Foster was pronounced deceased at the Jail.

