KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-599-UF	Version Type:	ORIGINAL VERSION
Report Date:	8/10/2026 8:50 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Baytown Police Dept.	Agency Address:	3200 North Main St
Agency City:	Baytown	Agency State:	TX
Agency Zip:	77521		

Director Information

Director Salutation:	Chief	Director First Name:	John
Director Middle Name:			
Director Last Name:	Stringer		
Reporter Name:	William Nelson	Reporter Email:	william.nelson@baytown.org

Decedent Information

Identity of Deceased

First Name: Cody

Middle Name: William

Last Name: Sanders

Suffix:

Date of Birth: 5/6/1986 Sex: Male

Race: Anglo or White

Age At Time Of Death: 40

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

Date/Time of Custody or Incident: 8/4/2026 4:41 PM

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

Death Date and Time: 8/4/2026 5:18 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: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

unknown at this time, awaiting 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: Unknown

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?: 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:	4334 Crosby Cedar Bayou Rd.	City:	Baytown
County:	Harris	Zip:	77521

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

Location Category: Other, specify

Other Location Category:

City Park

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: 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:

Aggravated Assault 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: 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?: 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?:	Yes	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:	Unknown	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:

Officers made a traffic stop on a vehicle, occupied by the decedent. The decedent was known to have an active felony warrant (Aggravated Assault) out of Chambers County, Texas. The decedent failed to comply with officer commands. Officers deployed pepper-ball projectiles into the vehicle. The decedent crawled into the trunk of the vehicle, through the backseat. Officers found the decedent unresponsive in the trunk, believing that he ingested an unknown amount of narcotics. Officers deployed several doses of NARCAN to the decedent, while performing CPR on the decedent. The decedent was transported to a local hospital, where he was pronounced dead. Awaiting autopsy results.