KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-680-UF	Version Type:	ORIGINAL VERSION
Report Date:	7/30/2018 10:15 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Waller County Sheriff's Dept.	Agency Address:	701 Calvit St.
Agency City:	Hempstead	Agency State:	TX
Agency Zip:	77445		

Director Information

Director Salutation:	Sheriff	Director First Name:	Royce
Director Middle Name:	G		
Director Last Name:	Smith		
Reporter Name:	Manuel Zamora	Reporter Email:	m.zamora@wallercounty.us

Decedent Information

Identity of Deceased

First Name: Robert

Middle Name: Michael

Last Name: Coy

Suffix:

Date of Birth: 8/10/1958 Sex: Male

Race: Anglo or White

Age At Time Of Death: 59

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

Date/Time of Custody or Incident: 7/18/2018 5:35 AM

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

Death Date and Time: 7/18/2018 9:00 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)

Manner of Death: Homicide (includes Justifiable

Homicide)

Medical Cause of Death:

Medical Cause of Death:

Pending medical examiner autopsy and documentation.

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?: 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?: Other Weapon,
specify:

Other weapon, specify:

Tactical firearm

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: Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address: 3304 Ave I
City: Pattison
County: Waller
Zip: 77466

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:

N/A

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?:	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 (police officer)

Offense 2:

Aggravated Assault (police officer)

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:	Crimes Against Child(ren)

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:	Displayed firearm without discharge

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

Yes (select all that

Attempt to Injure Others?:	apply)
Ways Decedent Attempted To Injure Others:	Attempted to injure law 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?:	N/A	Resist being handcuffed or arrested?:	N/A
Physically attempt/assault officer(s):	Yes	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:

During the announced execution of a warrant obtained by a multi-agency task force on crimes against children, the deceased appeared in front of a SWAT entry team with a firearm. The deceased raised the long-barreled weapon at the SWAT "point person" and did not drop it when ordered. He was fatally injured in the protection of self and others (another SWAT team member).