



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 19-498-UF

Version Type: AMENDED

Report Date: 2/24/2020 11:07
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: Steven

Director Middle Name: C

Director Last Name: McCraw

Reporter Name: Joanne
Scarborough

Reporter Email: joanne.scarbrough@dps.texas.gov

Decedent Information

Identity of Deceased

First Name: Elizabeth

Middle Name: Ann

Last Name: Harris

Suffix:

Date of Birth: 2/21/1960

Sex: Female

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: 5/16/2019 11:04 PM

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

Death Date and Time: 5/17/2019 12:51 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)

Homicide (includes

Manner of Death: Justifiable
Homicide)

Medical Cause of Death:

Medical Cause of Death:

Gunshot wounds of the trunk and extremities

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?: Rifle/shotgun

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: Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address: 219 N. Center St.

City: New Boston

County: Bowie

Zip: 75570

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:

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?: 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:

Attempted Capital Murder

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:

Welfare Check

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?: Yes (select all that 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?: Yes

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): Yes

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: 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:

On Thursday, May 16, 2019, at approximately 11:04 PM, the New Boston Police were dispatched to the 200 block of North Center Street in New Boston about a possible suicidal person. When officers arrived on scene, a female, later identified as Elizabeth Ann Harris, exited a residence and fired a gun at officers. As additional

officers arrived on scene, including Trooper Steve Vermillion, they were also met with gunfire. Harris then retreated back into the residence.

Crisis negotiators from the Bowie County Sheriff's Office were called to assist. After approximately two hours, Harris exited the residence, confronted the officers and again fired at police.

Trooper Vermillion and multiple officers from the other agencies returned fire, striking Harris. EMS provided immediate assistance; however, Harris died at the scene.