



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 18-850-UF

Version Type: AMENDED

Report Date: 9/12/2018 9:07 AM

Status: Submitted

Agency/Facility Information

Agency Name: Missouri City Police
Dept.

Agency Address: 1522 Texas
Parkway

Agency City: Missouri City

Agency State: TX

Agency Zip: 77489

Director Information

Director Salutation: Chief

Director First Name: Michael

Director Middle Name: A

Director Last Name: Berezin

Reporter Name: Paula Bowman

Reporter Email: paula.bowman@missouricitytx.gov

Decedent Information

Identity of Deceased

First Name: Dereshia

Middle Name: Alexandria

Last Name: Blackwell

Suffix:

Date of Birth: 5/23/1979

Sex: Female

Race: Black or African
American

Age At Time Of Death: 39

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

Date/Time of Custody or
Incident: 9/9/2018 7:50 PM

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

Death Date and Time: 9/9/2018 11:00 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 are
available

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

Manner of Death: Homicide (includes
Justifiable
Homicide)

Medical Cause of Death:

Medical Cause of Death:

gunshot to upper torso.

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?: 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?: 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?: 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: 1800 FM 1092

City: Missouri City

County: Fort Bend

Zip: 77459

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 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?: 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:

Murder

Offense 2:

Resisting arrest with firearm

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: 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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed firearm without discharge;
Displayed other weapon, specify:

Specify Weapon Displayed:

knife

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; Injured civilian(s) or other inmate(s)

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?:	No	Resist being handcuffed or arrested?:	Yes
Physically attempt/assault officer(s):	No	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:

Officers responded to an unknown major/minor accident at an apartment complex. Officers were unable to locate the driver or victims of the accidents. Officers began a search of the apartment complex to locate any victims of the accident,. During the search the officers were made aware of a possible disturbance and proceeded to that area. Upon approach they were confronted by a black female who was brandishing a small handgun and a large knife. Officers gave verbal commands to stop and drop the weapons. the suspect

refused commands and advanced on the officers. The officers gave further commands to drop the weapons and the suspect refused. One officer deployed his Taser which was ineffective and the second officer discharged his duty weapon striking the suspect multiple times resulting in the death of the suspect.