



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 19-701-P

Version Type: AMENDED

Report Date: 10/31/2019 1:15 PM

Status: Submitted

Agency/Facility Information

Agency Name: TDCJ/Office of the
Inspector General

Agency Address: 1012 Veterans
Memorial Parkway

Agency City: Huntsville

Agency State: TX

Agency Zip: 77320

Director Information

Director Salutation: Director

Director First Name: Cris

Director Middle Name:

Director Last Name: Love

Reporter Name: Analou Sievers

Reporter Email: analou.sievers@tdcj.texas.gov

Decedent Information

Identity of Deceased

First Name: Russell

Middle Name: Don

Last Name: Johnson

Suffix:

Date of Birth: 9/29/1980

Sex: Male

Race: Anglo or White

Age At Time Of Death: 38

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

Date/Time of Custody or Incident: 1/21/1999 12:00 AM

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

Death Date and Time: 7/6/2019 8:32 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: Suicide

Medical Cause of Death:

Medical Cause of Death:

Exsanguination due to a large incised wound to the left neck with transection of the jugular vein and partial transection of the carotid artery.

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?: 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?: Knife/edged instrument

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: Knife / edged instrument

Location / Custody Information

Where did the event causing the death occur?

Street Address: 2661 FM 2054

City: Tennessee Colony

County: Anderson

Zip: 75886

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

Location Category: Law Enforcement
Facility

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Penitentiary

Specific type of custody/facility:

Specific Type of Custody/Facility:

TDCJ, specify

TDCJ - Specify Unit:

Coffield Unit

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: 1/21/1999 12:00
AM

Where did the death occur?

Death Location: Law enforcement
facility/booking
center

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 Robbery

Offense 2:

Offense 3:

Were the Charges:: Convicted

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?:	No	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:	No	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 July 6, 2019, security staff found Offender Johnson in his single person cell at the unit unresponsive and bleeding from a self inflicted neck wound. Security staff entered the cell and started life saving measures. Offender Johnson was taken to the unit's infirmary, where life saving measures continued. EMS arrived at the unit. EMS personnel stopped life saving measures and contacted medical staff at a hospital, who pronounced Offender Johnson deceased.