KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-893-P	Version Type:	AMENDED
Report Date:	12/21/2018 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:	Bruce
Director Middle Name:			
Director Last Name:	Toney		
Reporter Name:	Analou Sievers	Reporter Email:	analou.sievers@tdcj.texas.gov

Decedent Information

Identity of Deceased

First Name: Gary

Middle Name: Lesley

Last Name: Ryan

Suffix:

Date of Birth: 11/2/1959 Sex: Male

Race: Anglo or White

Age At Time Of Death: 58

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

Date/Time of Custody or Incident: 3/10/2014 12:00 AM

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

Death Date and Time: 9/12/2018 1:37 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:

Blunt trauma of head

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?:	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?:	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:	Other, specify
Means of Death Other:	Head trauma resulted from Use of Force incident

Location / Custody Information

Where did the event causing the death occur?

Street Address:	264 FM 3478	City:	Huntsville
County:	Walker	Zip:	77320

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:

Estelle 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:	3/10/2014 12:00 AM

Where did the death occur?

Death Location:	Medical facility

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 with a Deadly Weapon

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: Unknown

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

Attempt to Injure Others?: Unknown

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?:	Unknown	Resist being handcuffed or arrested?:	Unknown
Physically attempt/assault officer(s):	Unknown	Gain possession of officer's weapon:	Unknown
Verbally threaten other(s) including law:	Unknown	Escape or attempt to escape/flee custody:	Unknown
Attempt gain possession officer's weapon:	Unknown		

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On August 30, 2018, Offender Ryan was transported to the hospital via life flight due to head trauma resulted from a use of force incident at the unit. Offender Ryan remained in the hospital and on September 12, 2018, he was pronounced by medical staff.