



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 18-921-UF

Version Type: ORIGINAL
VERSION

Report Date: 9/25/2018 8:45 AM

Status: Submitted

Agency/Facility Information

Agency Name: Kaufman County
Sheriff's Dept.

Agency Address: P.O BOX 849

Agency City: Kaufman

Agency State: TX

Agency Zip: 75142

Director Information

Director Salutation: Sheriff

Director First Name: Bryan

Director Middle Name: W

Director Last Name: Beavers

Reporter Name: Tim Moore

Reporter Email: tim.moore@kaufmanso.com

Decedent Information

Identity of Deceased

First Name: Sheila

Middle Name: Lynn

Last Name: Kemp

Suffix:

Date of Birth: 1/14/1965

Sex: Female

Race: Anglo or White

Age At Time Of Death: 53

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

Date/Time of Custody or Incident: 9/21/2018 12:18 AM

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

Death Date and Time: 9/21/2018 12:20 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:

decedent shot herself in the head with a handgun

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?: 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?: 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: 5310 FM 2727

City: Kaufman

County: Kaufman

Zip: 75142

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:

Apprehension by a peace officer without Warrant (Emergency Commitment)

Offense 2:

Aggravated Assault with Deadly Weapon

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: Medical / Mental
Health assistance
call

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;
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?: Yes

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: N/A

Verbally threaten other(s) including law: No

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:

On Friday 09/21/2018, at approximately 12:00 a.m., Deputies from the Kaufman County Sheriff's Office responded to 5310 F.M. 2727 Kaufman, Texas 75142 after being dispatched to a suicidal subject call at the aforementioned address. Upon arrival, Deputies made contact with Sheila Lynn Kemp, W/F, DOB: 01/14/1965 on the front porch of her residence. Kemp would not comply with Deputies commands and brandished a pistol. Kemp pointed the handgun at multiple Deputies in an attempt to force them to use deadly force. Kemp then sat in a chair on the front porch and discharged a .9mm handgun to the left side of her head. Kemp was transported by emergency medical services and declared deceased at the Hospital. The Texas Rangers were notified and are investigating the incident.