KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-1202-UF	Version Type:	AMENDED
Report Date:	6/6/2019 3:02 PM	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 Scarbrough	Reporter Email:	joanne.scarbrough@dps.texas.gov

Decedent Information

Identity of Deceased

First Name: Anthony

Middle Name:

Last Name: Rodriguez

Suffix:

Date of Birth: 5/31/1999 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 19

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

Date/Time of Custody or Incident: 11/16/2018 9:20 PM

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

Death Date and Time: 11/16/2018 9:20 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:

Multiple gunshot wounds

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:	14135 Northwest Freeway	City:	Houston
County:	Harris	Zip:	77040

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

Location Category: Business

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:

Aggravated Assault on Peace Officer

Offense 2:

Aggravated Robbery/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:	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

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

Yes (select all that

Attempt to Injure Others?:	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?:	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):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	Escape or attempt to escape/flee custody:	Yes
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:

Decedent was one (1) of three (3) actors in an Aggravated Robbery with a Deadly Weapon (Firearm) of a commercial business, i.e., Wing-Stop Restaurant. Law Enforcement Officers attempted to apprehend the actors upon exiting the restaurant when the decedent brandished a firearm placing the officers lives in jeopardy. Law Enforcement Officers gave commands for decedent to disarm in which the decedent was non-compliant. Law Enforcement Officers utilized deadly force to stop decedent. Decedent was shot by Law Enforcement Officers and subsequently killed. The other two (2) actors were apprehended attempting to flee.