KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-1223-P	Version Type:	AMENDED
Report Date:	2/13/2020 9:24 AM	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:	Ashley Gutierrez	Reporter Email:	oig_custodial_death_reports@tdcj.texas.gov

Decedent Information

Identity of Deceased

First Name: Frank

Middle Name:

Last Name: Digges

Suffix:

Date of Birth: 8/14/1956 Sex: Male

Race: Anglo or White

Age At Time Of Death: 63

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

Date/Time of Custody or Incident: 11/30/1986 12:00 AM

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

Death Date and Time: 10/25/2019 7:20 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:

Blunt force trauma of the head with skull fractures and subdural hemorrhage

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?: Other Weapon, specify:

Other weapon, specify:

Blunt force trauma from being struck with a fist

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

Blunt force trauma

Means of Death Other: from being stuck with a fist

Location / Custody Information

Where did the event causing the death occur?

Street Address: 810 FM 2821
City: Huntsville
County: Walker
Zip: 77349

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:

Wynne 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: 11/30/1986 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:

Agg robbery with a deadly weapon

Offense 2:

Attempted capital murder of a public servant

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):	No	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	Exhibit any medical problems?:	No

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:	Unknown	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:

During a cell move on TDCJ Offender Frank Digges, TDCJ correctional staff, while attempting to place hand restraints on him struck Offender Digges in the back of the head several times with a closed fist, which caused trauma to the brain. Offender Digges was pronounced deceased at the hospital by medical staff.