KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-399-C	Version Type:	AMENDED
Report Date:	9/15/2020 6:30 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Houston Police Dept.	Agency Address:	1200 Travis, 16th Floor
Agency City:	Houston	Agency State:	TX
Agency Zip:	77002		

Director Information

Director Salutation:	Lieutenant	Director First Name:	Melissa
Director Middle Name:			
Director Last Name:	Countryman		
Reporter Name:	Kimberly Fowler	Reporter Email:	kimberly.fowler@houstonpolice.org

Decedent Information

Identity of Deceased

First Name: Alfredito

Middle Name:

Last Name: Mejias

Suffix:

Date of Birth: 1/19/1970 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 50

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

Date/Time of Custody or Incident: 4/25/2020 12:50 AM

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

Death Date and Time: 4/25/2020 12:50 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: Homicide (includes Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

Sudden cardiac death associated with acute cocaine toxicity, physical restraint and hypertensive and atherosclerotic cardiovascular disease

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?:	Unknown whether decedent sustained a fatal injury

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?:	Could not be determined

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:	Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 5500 S.Shaver St.
City: Houston
County: Harris
Zip: 77034

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

Location Category: Roadway/highway/street/sidewalk

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

Type of Custody: Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel subsequent to 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: 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:

Resisting arrest/detention

Offense 2:

Fail to stop and give information related to an incident

Offense 3:

Possibly DWI/DUI

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: Alcohol / drug offense; Other, specify

Type of Offense, Other:

Vehicle Accident

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?: 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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	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?:	Yes
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:	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:	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, Saturday, April 25, 2020 at approximately 12:42 a.m., Houston Police Department Officers assigned to the Clear Lake Patrol Division were dispatched to a Crash/Major Accident at 5530 Shaver Street. Officer arrived at approximately 12:47 a.m. to find one of the drivers, a Hispanic male who would later be identified

as Mr. Alfreditio Mejias, failing to stop and give information by walking away from he scene. Officers got out to make contact with Mr. Mejias and observed him to appear extremely intoxicated and was acting belligerent towards officers. At this point , officers attempted to detain Mr. Mejias for the accident investigation and possible DWI investigation and he immediately began to resist detention/arrest. After a lengthy struggle, Mr. Mejias was placed in handcuffs at approximately 12:50 a.m. Moments later he fell unconscious and became unresponsive. Houston Fire Department (HFD) personnel were on scene and began to administer medical treatment. Subsequently Mr. Mejias was transported to Southeast Memorial Hospital by HFD where he was then pronounced deceased at 0142 hours.