KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-429-CJ	Version Type:	AMENDED
Report Date:	1/19/2021 11:03 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Harris County Sheriff's Dept.	Agency Address:	1200 Baker Street
Agency City:	Houston	Agency State:	TX
Agency Zip:	77002		

Director Information

Director Salutation:	Sheriff	Director First Name:	Ed
Director Middle Name:			
Director Last Name:	Gonzalez		
Reporter Name:	Jeffery Vickery	Reporter Email:	jeffery.vickery@sheriff.hctx.net

Decedent Information

Identity of Deceased

First Name: Wallace

Middle Name:

Last Name: Harris

Suffix:

Date of Birth: 12/19/1955

Sex: Male

Race: Black or African American

Age At Time Of Death: 64

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

Date/Time of Custody or Incident: 5/1/2020 10:41 AM

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

Death Date and Time: 5/6/2020 11:17 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: Natural

Medical Cause of Death:

Medical Cause of Death:

Hemoperitoneum due to ruptured abdominal aortic aneurysm due to 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:	Yes

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?:	Not applicable

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?:	Pre-existing medical condition

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

Means of Death:	Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address:	701 N San Jacinto St	City:	Houston
County:	Harris	Zip:	77002

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:	County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:
Hospital/Infirmary

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:	5/1/2020 10:41 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:

Injury to Disabled

Offense 2:

Offense 3:

Were the Charges:: Filed

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: No

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

Attempt to Injure Others?: No

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

Resist being handcuffed or

standoff?:	No	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:

On May 1, 2020, the decedent was charged with Injury to the Disabled and booked into the Harris County Jail with a history of hypertension. On May 6, 2020, the decedent was discovered on his cell floor unresponsive with shallow breathing. Life-saving measures were initiated, and the decedent was rushed to the clinic. Houston Fire Department paramedics arrived, assumed life-saving measures, and transported the decedent to LBJ Hospital. At approximately 11:17 p.m., a doctor determined the decedent had no signs of life with a preliminary cause of death as cardiac arrest.