

#### **CUSTODIAL DEATH REPORT**

# **Agency Information**

CDR Number: 20-661-UF

Report Date: 10/18/2021 2:59 PM

Version Type: AMENDED

Status: Submitted

### Agency/Facility Information

**Beaumont Police** Agency Name:

Dept.

Agency City: Beaumont

Agency Zip: 77704

Agency Address: PO BOX 3827

Agency State: TX

#### **Director Information**

Director Salutation: Chief Director First Name: James

Director Middle Name: P

Director Last Name: Singletary

Reporter Name: Curtis Breaux Reporter Email: curtis.breaux@beaumonttexas.gov

### **Decedent Information**

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Identity of Deceased		
First Name:	Manuel	
Middle Name:		
Last Name:	Ramirez	
Suffix:	Jr.	
Date of Birth:	8/16/1992	Sex: Male
Race:	Hispanic or Latino	
Age At Time Of Death:	27	
Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM):		
Date/Time of Custody or Incident:	3/1/2020 10:58 PM	

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

Death Date and Time: 7/24/2020 3:58 PM

## Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examinor/Coroner Yes, results are Evalution?: available

What was the manner of death? (select only one)

Homicide (includes

Manner of Death: Justifiable Homicide)

Medical Cause of Death:			
Medical Cause of Death:			
Complication of gunshot wound t			
Had the decedent been recafter admission to your jail's	eiving treatment for the medical condition that caused the death s jurisdiction?		
Medical Treatment:	Yes		
If death was an accident, he	omicide or suicide, who caused the death?		
Who caused the death?:	_aw enforcement/correctional		
ŗ	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	Rifle/shotgun		
death?:			
Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?			
	Not Applicable;		
Pre existing medical condition?:	cause of death was accidental injury, intoxication, suicide or homicide		
If dooth was an assidant b	omigide or suicide, what was the means of death?		

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

Means of Death: Firearm

# Location / Custody Information

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Where did the event causir	Where did the event causing the death occur'?				
	5900 College St.	City:	Beaumont		
County:	Jefferson	Zip:	77706		
What location category bes	st describes where the event causing the	e dea	th occurred?		
Location Category:	Parking lot/garage				
What type of custody/facilit	y was the Decedent in at the time of de	ath:			
	Dra Cuatadial Haa				
Type of Custody:	Pre-Custodial Use of Force				
Specific type of custody/fac	cility:				
openie type er eusteuy/rat	y.				
	Specific Type of Custody/Facility:				
N/A					
What was the time and dat	e of the deceased's entry into the law e	nforce	ement facility where		
the death occurred (mm/do			•		
Entry Date Time:					
,					
Entry Date Time N/A:	<b>√</b>				
·					
	_				
Where did the death occur	?				
Death Location:	Medical facility				
General Information					
General information	ווע				

Other Agencies Respond?:	No		
What were the most seriou charged with at the time of	s offense(s) with which the deceased was (or would have been) death?		
	Offense 1:		
Aggravated Assault on a Public			
	Offense 2:		
Deadly Conduct			
	Offense 3:		
Were the Charges::	Not filed at time of death		
What were the types of cha	arges 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:			
Decedent Display or Use Weapon Details:	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;		

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Did any other law enforcement agencies respond to calls for service related to this incident?

Attempted to injure civilian(s) or other inmate(s)

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

Appear intoxicated (alcohol or Unknown Make suicidal statements?: No drugs):

Exhibit any mental health

Unknown Exhibit any medical problems?: No problems?:

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 No standoff?:

arrested?:

Physically attempt/assault Gain possession of officer's Yes No officer(s):

weapon:

Verbally threaten other(s) Escape or attempt to No Yes

including law: escape/flee custody:

Attempt gain possession No officer's weapon:

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:

Officers responded to the "Temptations Club" in the 5900 blk. of College St., in ref. to a call that a patron that had been told to leave the club after causing a disturbance, and had returned and was firing a weapon into the building, while the building was still occupied with patrons and employees.

Upon first responding officer's arrival, the officer observed Manuel Ramirez Jr. actively engaged in the process of firing a pistol into the area of the business. The officer engaged the suspect and the suspect refused to comply with officer's commands. The officer fired to stop the continuous threat of Ramirez continuing to shoot into the business and in the direction of the officer.

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Ramirez survived the initial incident and has been hospitalized since. Ramirez received approximately 39 surgeries through the date and time of his death.

An autopsy was ordered and the final results have been submitted.

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