KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-763-PF	Version Type:	AMENDED
Report Date:	11/15/2021 11:51 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:	Jermaine
Middle Name:	
Last Name:	Sonnier
Suffix:	
Date of Birth:	3/3/2002
Sex:	Male
Race:	Black or African American
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:	6/16/2021 7:11 AM

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

Death Date and Time:	6/16/2021 8:18 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:

Cardiac arrhythmia associated with acute methamphetamine toxicity during physical pursuit and restraint.

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Unknown

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?: 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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 6200 Westward
City: Houston
County: Harris
Zip: 77060

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: Private Facility

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: 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:

Delivery of Controlled Sustance

Offense 2:

Evading on Foot

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: Alcohol / drug offense

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?: Unknown

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?: 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?:	Yes
Physically attempt/assault officer(s):	Unknown	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	No	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 Wednesday, June 16, 2021, at approximately 19:00 hours, Houston Police Department Officers initiated a narcotics investigation which lead to traffic stop of the suspect. The officers attempted to detain the suspect but he fled on foot. The suspect was uncooperative and resisted arrest. One in custody the suspect admitted to ingesting a controlled substance. Mr. Sonnier was transported to the hospital by ambulance, where he was later pronounced deceased at 20:18 hours.