



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 21-875-PF

Version Type: AMENDED

Report Date: 9/22/2021 10:15
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: Josue

Middle Name:

Last Name: Trejo-Garcia

Suffix:

Date of Birth: 3/13/1989

Sex: Male

Race: Black or African
American

Age At Time Of Death: 32

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

Date/Time of Custody or
Incident: 7/1/2021 12:13 AM

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

Death Date and Time: 7/1/2021 7:01 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Acute methamphetamine toxicity

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?: 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: 8218 Minnestoa
Street

City: Houston

County: Harris

Zip: 77034

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

Location Category: Residence/Home

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:

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:

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:

None

Offense 2:

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: Other, specify

Type of Offense, Other:

Citizen Call for Service

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): Yes

Make suicidal statements?: No

Exhibit any mental health problems?: No

Exhibit any medical problems?: Yes

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:	No	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:

Patrol Officers were dispatched to the listed location after a citizen called and reported a suspicious person in their backyard. Officers were further informed the citizen fired warning shots into the ground to keep the suspicious person from coming closer to them while waiting for police response.

Upon arrival to the scene, the Officer was directed to the suspicious person on the ground in the backyard. The suspicious person did not have any apparent injuries and displayed mannerisms which led the responding Officer to believe he had ingested an unknown narcotic substance. For officer safety purposes, the suspicious person's hands were secured in the front of his body via handcuffs. Medical was requested immediately.

While awaiting HFD, officers administered one dose of Narcan.

The HFD arrived and provided medical treatment to the individual. The primary Officer contacted the Harris County District Attorney's Office and presented the facts of this incident, but Criminal Trespassing charges were declined. HFD transported the individual to the hospital, where he was released to the hospital staff.

Later in the day, the individual passed away while receiving medical care. The autopsy results are pending for the actual cause of death.

