KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-1383-C	Version Type:	AMENDED
Report Date:	9/1/2021 2:16 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Memorial Villages Police Dept.	Agency Address:	11981 Memorial Drive
Agency City:	Houston	Agency State:	TX
Agency Zip:	77024		

Director Information

Director Salutation:	Chief	Director First Name:	Raymond
Director Middle Name:	D		
Director Last Name:	Schultz		
Reporter Name:	Raymond Schultz	Reporter Email:	rschultz@mvpdtx.org

Decedent Information

Identity of Deceased

First Name: Alex

Middle Name:

Last Name: Stoican

Suffix:

Date of Birth: 7/21/1996 Sex: Male

Race: Anglo or White

Age At Time Of Death: 23

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

Date/Time of Custody or Incident: 7/1/2020 4:50 PM

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

Death Date and Time: 7/1/2020 10:30 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: Homicide (includes Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

Penetrating gunshot wounds of torso with perforations of lung and liver

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

Medical Treatment:	No

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

Who caused the death?:	Law enforcement/correctional 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 death?:	Handgun

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:	Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address:	925 Gessner Road	City:	Houston
County:	Harris	Zip:	77024

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

Location Category: Parking lot/garage

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 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?: Yes

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:

Aggravated Assault on a Peace Officer

Offense 2:

Escape from a Peace Officer

Offense 3:

Mail Theft

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Crime Against Property

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed other weapon, specify:

Specify Weapon Displayed:

Officers Radio and had one handcuff on wrist during struggle.

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)

Injured law

Ways Decedent Attempted To Injure Others:	enforcement personnel

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

Appear intoxicated (alcohol or drugs):	No	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?:	Yes
Physically attempt/assault officer(s):	Yes	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:	Yes		

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:

Suspect had been arrested for stealing and possessing mail from area residential mailboxes. He concealed identification from officers and had run from officers upon initial apprehension. During a foot pursuit the suspect was tased. After being taken into custody the suspect was transported to a area hospital for having an elevated heartrate. After being cleared by medical staff he was being walked to the marked police unit at which time he slipped out of his handcuffs and ran from a uniformed officer. During a foot pursuit the suspect hid in a bush and then attacked the officer as she approached. During the subsequent struggle/fight the officer discharged her department authorized firearm striking the suspect. The suspect was transported to the hospital where he subsequently succumb to his injuries.