



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 20-1436-UF

Version Type: ORIGINAL
VERSION

Report Date: 10/27/2020 1:34
PM

Status: Submitted

Agency/Facility Information

Agency Name: McLennan County
Sheriff's Dept.

Agency Address: 901 Washington

Agency City: Waco

Agency State: TX

Agency Zip: 76701

Director Information

Director Salutation: Sheriff

Director First Name: Parnell

Director Middle Name:

Director Last Name: McNamara

Reporter Name: Jason Davis

Reporter Email: jason.davis@co.mclennan.tx.us

Decedent Information

Identity of Deceased

First Name: William

Middle Name: Earl

Last Name: Lane

Suffix:

Date of Birth: 3/12/1974

Sex: Male

Race: Anglo or White

Age At Time Of Death: 46

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

Date/Time of Custody or Incident: 10/16/2020 5:00 AM

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

Death Date and Time: 10/16/2020 5:35 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)

Homicide (includes

Manner of Death: Justifiable
Homicide)

Medical Cause of Death:

Medical Cause of Death:

Rifle wounds

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?: 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?: Rifle/shotgun

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: 181 Don Ln

City: Riesel

County: McLennan

Zip: 76682

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

Location Category: Field/woods/lake/waterway/beach

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Pre-Custodial Use
of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

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: 10/16/2020 5:00
AM

Where did the death occur?

Death Location: Scene of incident

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 with a Deadly Weapon-Family Violence

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: 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: Yes, mark all that apply

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 Attempted to injure law enforcement personnel;

Injure Others: 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 drugs):	Unknown	Make suicidal statements?:	No
Exhibit any mental health problems?:	Unknown	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?:	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:

McLennan County Deputies were dispatched to a residence in Riesel, TX in reference to an Aggravated Assault with a Deadly Weapon-Family Violence. Texas Department of Public Safety Troopers responded to assist. Deputies responded they were able to safely secure the subjects wife and two minor children. The suspect was no longer inside the residence and it was reported by the victim the suspect was possibly hiding somewhere on the property. There was evidence the suspect had discharged a firearm inside the residence at the victims. While deputies were working the scene, the suspect discharged a firearm at Troopers who were outside the residence. A Trooper reportedly returned fire at the suspect. A search began for the suspect in a field behind the residence. During this time the suspect fired several shots at the Deputies and Troopers. A Deputy with night vision equipment reported the suspect was "low crawling" towards them and the suspect

discharged several more rounds at them. Deputies and Troopers returned fire striking the subject, causing his death.