



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 19-1434-CJ

Version Type: AMENDED

Report Date: 11/30/2020 1:04 PM

Status: Submitted

## Agency/Facility Information

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Agency Name: Bexar County Sheriff's Office

Agency Address: 200 N. Comal

Agency City: San Antonio

Agency State: TX

Agency Zip: 78207

## Director Information

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Director Salutation: Sheriff

Director First Name: Javier

Director Middle Name:

Director Last Name: Salazar

Reporter Name: John Mahon

Reporter Email: jmahon@bexar.org

## Decedent Information

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## Identity of Deceased

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First Name: Keith

Middle Name: Alan

Last Name: Stines

Suffix:

Date of Birth: 11/29/1966

Sex: Male

Race: Anglo or White

Age At Time Of Death: 53

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

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Date/Time of Custody or Incident: 11/14/2020 4:46 AM

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

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Death Date and Time: 11/14/2020 1:54 PM

## Manner / Cause of Death

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

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Medical Examiner/Coroner Evaluation?: Yes, results are available

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

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Manner of Death: Suicide

Medical Cause of Death:

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Medical Cause of Death:

Complications of Conflagration Injuries--Possible Ingestion of Gasoline.

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

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Medical Treatment: Yes

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

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Who caused the death?: Decedent

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

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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?

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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?

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Means of Death: Other, specify

Means of Death Other: Decedent reportedly set himself on fire

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 291 Hickory Hill  
Drive

City: La Vernia

County: Wilson

Zip: 78121

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

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Location Category: Residence/Home

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

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Type of Custody: County Jail

Specific type of custody/facility:

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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):

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Entry Date Time: 11/14/2020 11:15  
AM

Where did the death occur?

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Death Location: Medical facility

## General Information

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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 Deadly with Deadly Weapon (Warrant)

Offense 2:

Offense 3:

Were the Charges:: Filed

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: Unknown

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: Injured law  
enforcement  
personnel

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?:     | Yes |
| Exhibit any mental health problems?:   | Yes     | 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?:     | Yes     | 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: | Unknown | Escape or attempt to escape/flee custody: | Unknown |
| 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: Other device, specify

Other device, specify: Handcuffs/Hobble

## Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On 11/14/2020, at a time not made known to me, the Wilson County Sheriff's Office responded to 291 Hickory Hill Drive in La Vernia, Texas (a residence); this is where the decedent had set himself on fire. It has been reported to me the decedent was contacted by the Wilson County deputies at 291 Hickory Hill Drive in La Vernia, Texas and the decedent began making statements regarding he wanted to be killed by police. Wilson

County deputies attempted to take the decedent into custody and a struggle ensued; to wit, the decedent was trying to punch Wilson County deputies and physically resisted arrest/detention-- I was informed one of the deputies was injured during the struggle. At some point, the decedent was placed into custody and subsequently the decedent was transported to Brooke Army Medical Center (BAMC) for treatment of his injuries via ambulance. After the decedent arrived at BAMC, the Bexar County Sheriff's Office was informed the decedent had an active warrant for his arrest (Aggravated Assault with a Deadly Weapon). A Bexar County Sheriff's Office deputy responded to BAMC and began the booking process for the decedent on the aforementioned arrest warrant; the booking date and time is 11/14/2020 at 1115 hours. While the decedent was being treated for his injuries at BAMC, he succumbed to his injuries and was pronounced deceased at 1354 hours on 11/14/2020.