



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number: PA13581P

Report Date: 11/26/2013 9:01 AM

Status: Submitted

Agency/Facility Information

Department ID: 848

Department Type: STAGENCY

Agency Name: Texas Department
Of Criminal Justice

Agency Number: TX236065C

Agency Phone: 9364375116

Agency Address: 2503 Lake Road,
Suite 5

Agency City: Huntsville

Agency County: Walker

Agency State: TX

Agency Zip: 77340

Director Information

Director Salutation:

Mr.

Director First Name:

Brad

Director Middle Name:

Director Last Name:

Livingston

Reporter Name: Cyndi Eastham

Reporter Email: cyndi.eastham@tdcj.state.tx.us

Location / Custody Information

Where did the event causing the death occur?

Street Address: 9601 Spur 591

City: Amarillo

County: Potter

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

Type of Custody:

Penitentiary

Specific type of custody/facility:

Specific Type of Custody/Facility:

TDCJ

Custody Type Facility:

Clements Unit

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: 6/5/1998 12:00 AM

Where did the death occur?

Death Location: At law enforcement facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Arcade

Middle Name:

Last Name: Comeaux

Suffix:

Date of Birth: 3/26/1960

Sex: Male

Ethnicity: African-American

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

Death Date and Time: 11/13/2013 3:56
PM

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

Date/Time of Custody or Incident:

6/5/1998 12:00 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:

Natural Causes/Illness

Manner of Death Description:

Heart disease

Death Reason:

Medical condition only (e.g. heart attack)

Medical Cause of Death:

Medical Cause of Death:

Sudden cardiac death due to ischemic heart disease

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

Medical Treatment:

Yes

Medical Treatment Description:

Amlodipise, Enalapril Maleate, Guanfacine, Hydrochlorothiazide, Lactulose, Leuothyroxine, Minoxidil, Pravastatin, Proventil HFA, Terazosin

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

Who caused the death?:

Not applicable; cause of death was suicide, intoxication or illness/natural causes

Death Causer Other:

If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

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?:

Pre-existing medical condition

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:

Not applicable; cause of death was intoxication or illness/natural causes

General Information

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 Sexual Assault

Offense 2:

Aggravated Assault with a Deadly Weapon

Offense 3:

Aggravated Kidnapping

Were the Charges::

Convicted

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by NA

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

Appear intoxicated (alcohol or drugs): No

Exhibit any mental health problems?:

Exhibit any medical problems?:

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

Threaten the officer(s) involved: No

Resist being handcuffed or arrested?: No

Try to escape/flee from custody: No

Grab, hit or fight with the officer(s): No

Other Behavior:



Specify Other Behavior:

Use weapon threaten/assault officer(s): 0

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint:

Yes

Summary of Incident

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

Summary:

On November 13, 2013, Offender Comeaux informed security staff he was having trouble breathing and his inhaler was not working. Medical staff arrived at his cell and assessed Offender Comeaux requesting he be taken to medical. Offender Comeaux was put in restraint devices per procedure and taken by wheelchair to medical and was given and responded to a breathing treatment. Medical staff determined an EKG was needed. Offender Comeaux complained of chest pains before the EKG was performed. Offender Comeaux became unresponsive and CPR was initiated. Offender Comeaux was pronounced deceased by medical staff at 3:56pm.