



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 22-309-P

Version Type: AMENDED

Report Date: 6/14/2022 9:02 AM

Status: Submitted

## Agency/Facility Information

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Agency Name: TDCJ/Office of the  
Inspector General

Agency Address: 1012 Veterans  
Memorial Parkway

Agency City: Huntsville

Agency State: TX

Agency Zip: 77320

## Director Information

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Director Salutation: Director

Director First Name: Cris

Director Middle Name:

Director Last Name: Love

Reporter Name: Ashley  
Gutierrez

Reporter Email: [oig\\_custodial\\_death\\_reports@tdcj.texas.gov](mailto:oig_custodial_death_reports@tdcj.texas.gov)

## Decedent Information

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## Identity of Deceased

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First Name: Damien

Middle Name:

Last Name: Bryant

Suffix:

Date of Birth: 3/8/1991

Sex: Male

Race: Black or African  
American

Age At Time Of Death: 31

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

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Date/Time of Custody or 7/30/2019 12:00  
Incident: AM

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

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Death Date and Time: 3/11/2022 5:17 AM

## 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 Yes, results are  
Evaluation?: available

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

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Manner of Death: Accidental

Medical Cause of Death:

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Medical Cause of Death:

Asphyxia and smoke inhalation injury due to immolation and structural fire

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: Not Applicable

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: Fire/smoke

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 2661 FM 2054

City: Tennessee Colony

County: Anderson

Zip: 75886

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

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Location Category: Law Enforcement  
Facility

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

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Type of Custody: Penitentiary

Specific type of custody/facility:

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Specific Type of Custody/Facility:

TDCJ, specify

TDCJ - Specify Unit:

Beto 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):

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Entry Date Time: 7/30/2019 12:00  
AM

Where did the death occur?

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Death Location: Law enforcement  
facility/booking  
center

## General Information

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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:

Aggravated assault with deadly weapon

Offense 2:

Offense 3:

Were the Charges:: Convicted

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: 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): No

Make suicidal statements?: No

Exhibit any mental health problems?: No

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:

Inmate Bryant was in U-302 cell alone and set a fire inside the cell in front of the cell door incurring burns to his body and filling the cell with smoke. It is unknown if the death was a suicide or accidental at this time.