

#### **CUSTODIAL DEATH REPORT**

## **Agency Information**

CDR Number: 22-966-UF Version Type: AMENDED

Report Date: 1/17/2023 4:29 AM Status: Submitted

Agency/Facility Information

Agency Name: Harris County Sheriff's Dept. Agency Address: 1200 Baker Street

Agency City: Houston Agency State: TX

Agency Zip: 77002

**Director Information** 

Director Salutation: Sheriff Director First Name: Ed

Director Middle Name:

Director Last Name: Gonzalez

Reporter Name: Jeffery Vickery Reporter Email: jeffery.vickery@sheriff.hctx.net

## **Decedent Information**

#### Identity of Deceased

First Name: Roderick

Middle Name: Van Keith

Last Name: Brooks

Suffix:

Date of Birth: 10/3/1974 Sex: Male

Race: Black or African American

Age At Time Of Death: 47

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

Date/Time of Custody or Incident: 7/8/2022 6:21 PM

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

Death Date and Time: 7/8/2022 6:31 PM

## Manner / Cause of Death

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

Medical Examinor/Coroner Yes, results are Evalution?: 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:   |    |  |  |  |
| Gunshot wound of neck   |    |  |  |  |
|   |    |  |  |  |
| lad the decedent been receiving treatment for the medical condition that caused the death fter admission to your jail's jurisdiction? |    |  |  |  |
| Medical Treatment: Not Applicable   |    |  |  |  |
| Medical Treatment. Not Applicable   |    |  |  |  |
|   |    |  |  |  |
| death was an accident, homicide or suicide, who caused the death?   |    |  |  |  |
| Law   |    |  |  |  |
| Who caused the death?: enforcement/correctional personnel   |    |  |  |  |
| per, section 6  |    |  |  |  |
|   |    |  |  |  |
| a weapon caused the death, what type of weapon caused the death? (Hold CTRL to sele-<br>Il that apply)                                | ct |  |  |  |
| in triat apply)   |    |  |  |  |
| Type of weapon that caused death?:  |    |  |  |  |
| ucaiii:   |    |  |  |  |
|   |    |  |  |  |
| Vas the cause of death the result of a pre-existing medical condition or did the decedent evelop the condition after admission?       |    |  |  |  |
| evelop the condition after admission:   |    |  |  |  |
| Not Applicable;   |    |  |  |  |
| Pre existing medical condition?:  |    |  |  |  |
| intoxication, suicide or homicide   |    |  |  |  |
|   |    |  |  |  |
| If death was an assident, hamiside or suiside, what was the means of death?   |    |  |  |  |
| 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? |                                |                       |                      |  |
|--|--------------------------------|-----------------------|----------------------|--|
|  | 15515 Kuykendahl               |                       |                      |  |
| Street Address:                              | Rd                             | City:                 | Houston              |  |
| County:                                      | Harris                         | Zip:                  | 77090                |  |
|  |                                |                       |                      |  |
| What location category bes                   | st describes where the ev      | ent causing the dea   | th occurred?         |  |
| Location Category:                           | Parking lot/garage             |                       |                      |  |
|  |                                |                       |                      |  |
| What type of custody/facilit                 | y was the Decedent in at       | the time of death:    |                      |  |
|  | Dro Custodial Has              |                       |                      |  |
| Type of Custody:                             | Pre-Custodial Use of Force     |                       |                      |  |
|  |                                |                       |                      |  |
| Specific type of custody/fac                 | cility:                        |                       |                      |  |
|  | Specific Type of Custody/Facil | ity:                  |                      |  |
| Custody of Law Enforcement Pe                | rsonnel during/fleeing arrest  |                       |                      |  |
|  |                                |                       |                      |  |
| What was the time and dat                    |                                | vinto the law enforce | ement facility where |  |
| the death occurred (mm/do                    | l/yyyy hh:mm AM/PM):           |                       |                      |  |
| Entry Date Time:                             |                                |                       |                      |  |
|  |                                |                       |                      |  |
| Entry Date Time N/A:                         | <b>∀</b>                       |                       |                      |  |
|  |                                |                       |                      |  |
| Where did the death occur                    | ?                              |                       |                      |  |
| Death Location:                              | Scene of incident              |                       |                      |  |
|  |                                |                       |                      |  |
|  |                                |                       |                      |  |
|  |                                |                       |                      |  |
| <b>General Information</b>                   | on                             |                       |                      |  |

| Other Agencies Respond?:  | No   |  |  |  |
|---|--|--|--|--|
| What were the most seriou charged with at the time of   | s offense(s) with which the deceased was (or would have been) death?   |  |  |  |
|   | Offense 1:   |  |  |  |
| Robbery   |  |  |  |  |
|   | Offense 2:   |  |  |  |
|   | Offense 3:   |  |  |  |
| Were the Charges::  | Not filed at time of death   |  |  |  |
| What were the types of cha  | arges or reason for contact? (Hold CTRL to select all that apply)      |  |  |  |
| Type of Offense:  | Violent Crime<br>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:  |  |  |  |  |
| Decedent Display or Use<br>Weapon Details:  | Used other weapon, specify:  |  |  |  |
| Specify Weapon Used:  |  |  |  |  |
| Officer's Taser   |  |  |  |  |
| At any time during the incid  | dent and/or entry into the law enforcement facility, did the decedent: |  |  |  |
| Attempt to Injure Others?:  | Unknown  |  |  |  |

Did any other law enforcement agencies respond to calls for service related to this incident?

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

Appear intoxicated (alcohol or Unknown Make suicidal statements?: Unknown

drugs):

Exhibit any mental health

Unknown problems?:

Exhibit any medical problems?: Unknown

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

Barricade self or initiate Resist being handcuffed or No Yes standoff?:

arrested?:

Physically attempt/assault Gain possession of officer's No Yes officer(s):

weapon:

Verbally threaten other(s) Escape or attempt to

Unknown including law: escape/flee custody:

Attempt gain possession Yes officer's weapon:

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:

On July 8, 2022, Harris County Sheriff's Office deputies responded to a Robbery of a Business and located the offender walking on the roadway. The offender refused commands to stop and a foot pursuit ensued. A deputy discharged his Taser towards the offender which was ineffective. The deputy tackled the offender to the ground, and the offender gained possession of the deputy's Taser. The deputy discharged his handgun, fatally striking the offender. EMS paramedics arrived and determined the offender had no signs of life.

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