

#### **CUSTODIAL DEATH REPORT**

# **Agency Information**

CDR Number: 22-1116-UF

Report Date: 2/20/2023 10:08 AM Status: Submitted

Version Type: AMENDED

Agency/Facility Information

Harris County

6831 Cypresswood Agency Name: Constable Precinct Agency Address:

Agency City: Spring Agency State: TX

Agency Zip: 77379

**Director Information** 

Director Salutation: Constable Director First Name: Mark

Director Middle Name:

Director Last Name: Herman

Reporter Name: Toby Hecker Reporter Email: john.hecker@cd4.hctx.net

#### **Decedent Information**

Custodial Death Report :: Page 1 of 7

Identity	/ of	Deceased
IUCHILIK	/ UI	Deceased

First Name: Aubrey

Middle Name: Dale

Last Name: Fontenot

Suffix: Nr

Date of Birth: 5/19/1955 Sex: Male

Race: Black or African American

Age At Time Of Death: 67

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

Date/Time of Custody or Incident: 8/18/2022 8:27 AM

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

Death Date and Time: 8/18/2022 8:30 AM

### 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

Homicide) Medical Cause of Death: Medical Cause of Death: Multiple Gunshots Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction? Medical Treatment: Not Applicable If death was an accident, homicide or suicide, who caused the death? Law Who caused the death?: 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 Handgun death?: Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission? Not Applicable; cause of death was Pre existing medical accidental injury, condition?: intoxication, suicide or homicide If death was an accident, homicide or suicide, what was the means of death?

Manner of Death: Justifiable

Means of Death: Firearm

# Location / Custody Information

Where did the event causir	ng the death occur?		
		<b>.</b>	
	16510 North Fwy	·	Houston
County:	Harris	Zip:	77073
What location category bes	at describes where the event ca	ausing the deat	h occurred?
Location Category:	Other, specify		
0 ,			
	Other Location Category:		
Motel	<b>0</b> .		
Woto			
What type of custody/facilit	y was the Decedent in at the ti	me of death:	
Type of Custody:	Pre-Custodial Use of Force		
Specific type of custody/fac	cility:		
	Specific Type of Custody/Facility:		
A1/A	Specific Type of Gustouy/Facility.		
N/A			
What was the time and dat the death occurred (mm/do	e of the deceased's entry into t	he law enforce	ment facility where
the death occurred (min/dc	/yyyy 1111.111111 / / / /// 1V1/1.		
Entry Date Time:			
Entry Date Time N/A:	<b>✓</b>		
Where did the death occur	?		
Dooth Loostion	Scene of incident		
Death Location.	OCCITE OF HICHAETIC		

# **General Information**

Did any other law enforcem	nent agencies respond to calls for service related to this incident?
Other Agencies Respond?:	Yes
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:
Homicide	
	Offense 2:
Aggravated assault of a peace o	fficer
	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 Against Persons
At any time during the incid display or use a weapon?	ent and/or entry into the law enforcement facility, did the decedent
Decedent display/use of weapons:	
Decedent Display or Use Weapon Details:	Displayed firearm without discharge

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

Yes (select all that Attempt to Injure Others?: apply)

Ways Decedent Attempted To Injure Others:

Attempted to injure law enforcement personnel

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 Exhibit any medical problems?: Unknown problems?:

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 Yes Yes

standoff?: arrested?:

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

weapon:

Verbally threaten other(s) Escape or attempt to Unknown Unknown

including law: escape/flee custody:

Attempt gain possession No 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 August 18, 2022 the deceased called 911 stating he just killed a female with a gun and a knife. Deceased stated female was in bed and he still had the gun. When deputies arrived the deceased answered the door with gun in hand. Deceased immediately slams door shut but quickly opens door again with gun in hand. Deceased raised gun at deputies, after being told to drop the gun, deputies discharge their weapon.

Itiple times.	inside motel room bu ile pointing gun at the	 g	,	<del></del>
•				

Custodial Death Report :: Page 7 of 7