

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-1134-UF

Report Date: 2/14/2023 11:42 AM

Version Type: AMENDED

Status: Submitted

Agency/Facility Information

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

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

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First Name: Jose

Middle Name: Angel

Last Name: Velasquez

Suffix:

Date of Birth: 6/12/1997 Sex: Male

Race: Unknown

Age At Time Of Death: 25

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

Date/Time of Custody or 8/23/2022 11:25

Incident: AM

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

Death Date and Time: $\begin{array}{c} 8/23/2022 \ 11:43 \\ AM \end{array}$

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:			
Multiple gunshot wounds			
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?			
ii deatii was an accident, nomic	cide of suicide, who caused the death?		
Law			
Who caused the death?: enforce person	cement/correctional nnel		
If a weapon caused the death, all that apply)	what type of weapon caused the death? (Hold CTRL to select		
Type of weapon that caused death?:	dgun		
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 Caus	Applicable; se of death was		
condition?: acci	dental injury, xication, suicide		
	omicide		
If death was an accident, homicide or suicide, what was the means of death?			
ii death was an accident, normode or suicide, what was the means of death:			
Means of Death: Fire	arm		

Location / Custody Information

Where did the event causin	g the death occur?		
	_		
Street Address:	12221 Veterans Memorial Dr	City:	Houston
County:	Harris	Zip:	77067
What location category bes			
Location Category: Roa	adway/highway/street/side	ewalk	
What type of custody/facility	y was the Decedent i	in at the time of death:	
Type of Custody:	Pre-Custodial Use of Force		
Specific type of custody/fac	sility:		
	Specific Type of Custody/	Facility:	
Custody of Law Enforcement Per	rsonnel during/fleeing arre	est	
What was the time and date the death occurred (mm/dd			ement facility where
Entry Date Time:			
Entry Date Time N/A:	✓		
Where did the death occur?	?		

Death Location: Scene of incident

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 serious offense(s) with which the deceased was (or would have been) charged with at the time of death?				
	Offense 1:			
Murder				
	Offense 2:			
	Offense 3:			
Were the Charges::	Filed			
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 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 Weapon Details:	Displayed firearm without discharge			
At any time during the incid	lent and/or entry into the law enforcement facility, did the decedent:			

Attempt to Injure Others?: Unknown

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 No No

standoff?: arrested?:

Physically attempt/assault Gain possession of officer's officer(s):

weapon:

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

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 23, 2022,, officers assigned to the Gulf Coast Violent Offender Task Force (numerous agencies) conducted a warrant service in an attempt to locate and apprehend a wanted suspect at 12221 Veterans Memorial Drive in Harris County, Texas. Undercover officers observed the suspect exit a motel and enter an arriving van. Officers blocked the van in, and the suspect exited the van. The suspect ran from officers and a Taser was deployed, deemed ineffective. The suspect retrieved a handgun from his person and five officers from three agencies discharged their weapons at the suspect. The suspect was struck numerous times and paramedics determined he had no signs of life.

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