



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-1414-C

Version Type: ORIGINAL
VERSION

Report Date: 10/13/2022 2:32
PM

Status: Submitted

Agency/Facility Information

Agency Name: Denton Police Dept.

Agency Address: 601 E. Hickory,
Suite E

Agency City: Denton

Agency State: TX

Agency Zip: 76205

Director Information

Director Salutation: Chief

Director First Name: Frank

Director Middle Name:

Director Last Name: Dixon

Reporter Name: Frank Dixon

Reporter Email: frank.dixon@cityofdenton.com

Decedent Information

Identity of Deceased

First Name: James

Middle Name: Anthony

Last Name: Senase

Suffix: III

Date of Birth: 9/15/1983

Sex: Male

Race: Anglo or White

Age At Time Of Death: 38

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

Date/Time of Custody or Incident: 6/22/2022 12:42 PM

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

Death Date and Time: 6/23/2022 9:47 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 pending

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

Manner of Death: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Pending autopsy

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

Medical Treatment: Unknown

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

Who caused the death?: Unknown whether
decedent sustained
a fatal injury

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
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?

Pre existing medical
condition?: Could not be
determined

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

Means of Death: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 620 S I35E

City: Denton

County: Denton

Zip: 76205

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

Location Category: Business

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

Type of Custody: Police Custody
(pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

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:

Entry Date Time N/A: ☒

Where did the death occur?

Death Location: Medical facility

General Information

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:

Criminal mischief

Offense 2:

Offense 3:

Were the Charges:: Not filed at time of death

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Crime Against Property

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: Unknown

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): Unknown

Make suicidal statements?: Unknown

Exhibit any mental health problems?: Yes

Exhibit any medical problems?: Yes

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

Barricade self or initiate standoff?:	Yes	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:	Unknown
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: Yes, mark which restraint devices were used

Type of restraint

Type of Restraint: Handcuffs

Summary of Incident

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

Summary:

On 06/22/2022, Officers responded to a disturbance at the Super 8 Motel on I35E. A male subject in one of the rooms was out of control and was breaking items in his room. When officers arrived and made contact, the subject was bleeding from several cuts and ranting. When officers attempted contact, the subject picked up a piece of wood bed frame and began to advance toward them. They left the room and the subject went into the bathroom. The subject continued to rant and rave while destroying the hotel room. In the short time the officers had with him earlier, they had noticed that he was sweating profusely and was excessively hot. Due to the amount of potential weapons from the broken glass and furniture, the decision was made to try negotiation from outside the room and let him tire himself out. Once the subject had calmed down enough, entry was made into the room and he was taken into custody. Staged FD medics were requested to the room and he was transported. While enroute to the hospital, the subject coded, was revived and coded again in the hospital.