

### **CUSTODIAL DEATH REPORT**

# **Agency Information**

CDR Number: 22-1806-UF Version Type: AMENDED

Report Date: 1/12/2023 4:33 PM Status: Submitted

Agency/Facility Information

Agency Name: Mineola Police Dept. Agency Address: PO BOX 179

Agency City: Mineola Agency State: TX

Agency Zip: 75773

**Director Information** 

Director Salutation: Chief Director First Name: Charles

Director Middle Name: E

Director Last Name: Bittner

Reporter Name: Charles Bittner Reporter Email: mineolapd@mineola.com

### **Decedent Information**

#### Identity of Deceased

First Name: Robert

Middle Name: Allen

Last Name: Vancleave

Suffix:

Date of Birth: 9/2/1967 Sex: Male

Race: Anglo or White

Age At Time Of Death: 55

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

Date/Time of Custody or 12/22/2022 2:39

Incident: PM

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

Death Date and Time: 12/22/2022 2:55

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:  |   |  |  |  |
| Gun shot to chest  |   |  |  |  |
|  |   |  |  |  |
| 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)                               | t |  |  |  |
|  |   |  |  |  |
| Type of weapon that caused death?: Handgun   |   |  |  |  |
|  |   |  |  |  |
| 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   |   |  |  |  |
| condition?: accidental injury, intoxication, suicide or homicide   |   |  |  |  |
|  |   |  |  |  |
| If death was an accident, homicide or suicide, what was the means of death?  |   |  |  |  |
| Manager of Deaths. Finances  |   |  |  |  |
| Means of Death: Firearm  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |

Custodial Death Report :: Page 3 of 7

Location / Custody Information

| Where did the event causing                         | ng the death occur?                                       |                |                      |
|---|---|----------------|----------------------|
| Street Address:                                     | West Bermuda<br>Street                                    | City:          | Quitman              |
| County:   |   | Zip:           | 75783                |
| What location category bes                          | st describes where the event ca                           | using the dea  | th occurred?         |
| Location Category: Ro                               | adway/highway/street/sidewalk                             |                |                      |
| What type of custody/facilit                        | y was the Decedent in at the tin                          | ne of death:   |                      |
| Type of Custody:                                    | Pre-Custodial Use of Force                                |                |                      |
| Specific type of custody/fac                        | cility:   |                |                      |
|   | Specific Type of Custody/Facility:                        |                |                      |
| Custody of Law Enforcement Pe                       | rsonnel during/fleeing arrest                             |                |                      |
| What was the time and dat the death occurred (mm/do | e of the deceased's entry into th<br>l/yyyy hh:mm AM/PM): | ne law enforce | ement facility where |
| Entry Date Time:                                    |   |                |                      |
| Entry Date Time N/A:                                | <b>✓</b>  |                |                      |
| Where did the death occur                           | ?   |                |                      |
| Death Location:                                     | Scene of incident   |                |                      |
|   |   |                |                      |
| General Information                                 | on  |                |                      |

| 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:   |
| 38.04 Evading Arrest/Detention                        | W/Veh  |
|   | Offense 2:   |
| 31.03 (e)(3) Theft=\$750<\$2,500                      |  |
|   | Offense 3:   |
| 22.02(b)(2) Aggravated Assault                        | against public servant   |
| 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:                                      | Crime Against Property   |
| At any time during the incid display or use a weapon? | lent and/or entry into the law enforcement facility, did the decedent  |
| Decedent display/use of weapons:                      | No   |
| At any time during the incid                          | lent and/or entry into the law enforcement facility, did the decedent: |
| Attempt to Injure Others?:                            | Yes (select all that apply)  |
| Ways Decedent Attempted To Injure Others:             | Attempted to injure law enforcement personnel                          |

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

Custodial Death Report :: Page 5 of 7

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

Appear intoxicated (alcohol or

Unknown drugs):

Make suicidal statements?: N/A

Exhibit any mental health

problems?:

Unknown

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

Yes

Resist being handcuffed or

Yes arrested?:

Nο

Physically attempt/assault

Unknown

Gain possession of officer's

weapon:

Verbally threaten other(s)

Unknown including law:

Escape or attempt to

Yes escape/flee custody:

Attempt gain possession

No officer's weapon:

standoff?:

officer(s):

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 THURSDAY DECEMBER 22, 2022, AT APPROXIMATELY 2:39PM OFFICERS WERE DISPATCHED TO THE LOCAL WALMART LOCATED AT 135 NE LOOP 564 IN MINEOLA, 75773, COUNTY OF WOOD TX IN REFERENCE TO A W/M COMMITTING THE OFFENSE OF THEFT. STORE EMPLOYEES GAVE DISPATCH A DESCRIPTION OF THE SUSPECTS VEHICLE AND ADVISED HE WAS ATTEMPTING TO LEAVE THE PARKING LOT. DISPATCH RELAYED INFORMATION TO RESPONDING UNIT WHICH WAS A TWO MAN UNIT. AS OFFICERS APPROACHED THE LOCATION THEY OBSERVED THE SUSPECTS VEHICLE. A TRAFFIC STOP WAS INITIATED. THE FRONT PASSENGERS SIDE OFFICERS EXITED THE PATROL UNIT ATTEMPTING TO STOP THE SUSPECTS VEHICLE. SUSPECT ATTEMPTED TO HIT THE OFFICER WITH HIS VEHICLE. OFFICER RETREATED TO FRONT PASSENGERS SEAT AND SUSPECT ATTEMPTED TO FLEE. OFFICERS PURSUED SUSPECT'S VEHICLE NORTH ON HWY 37 TOWARDS THE CITY OF QUITMAN 75783, WOOD COUNTY TX. SUSPECT CONTINUED DRIVING RECKLESSLY SWERVING INTO OPPOSITE LANES OF TRAVEL. SUSPECT'S VEHICLE LOST A TIRE, SPUN AROUND AND CAME TO REST ON WEST BERMUDA STREET IN QUITMAN, TX. THE SUSPECTS VEHICLE ENDED UP FACING RESPONDING OFFICERS PATROL UNIT AFTER COMING TO REST. SUSPECT OPENED HIS DRIVERS DOOR OF HIS VEHICLE AND EXITED OUT. OFFICER IN THE FRONT PASSENGER SEAT OF PATROL UNIT ALSO EXITED. SHOTS WERE FIRED BY OFFICER. SUSPECT WAS HIT BY GUN FIRE AND FEEL TO THE GROUND. OTHER RESPONDING OFFICERS ATTEMPTED

Custodial Death Report :: Page 6 of 7

| FIRST AID TO THE SUSPECT. EMS PERSONNEL ARRIVED ON SCENE. SUSPECT WAS DECEASED AT LOCATION. SCENE WAS SECURED FOR TEXAS RANGERS TO INVESTIGATE. |
|---|
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |

Custodial Death Report :: Page 7 of 7