CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 18-893-P
Report Date: 12/21/2018 1:15 PM
Version Type: AMENDED
Status: Submitted

Agency/Facility Information

Agency Name: TDCJ/Office of the Inspector General
Agency Address: 1012 Veterans Memorial Parkway
Agency City: Huntsville
Agency State: TX
Agency Zip: 77320

Director Information

Director Salutation: Director
Director First Name: Bruce
Director Middle Name:
Director Last Name: Toney

Reporter Name: Analou Sievers
Reporter Email: analou.sievers@tdcj.texas.gov

Decedent Information


Identity of Deceased

First Name: Gary

Middle Name: Lesley

Last Name: Ryan

Suffix:

Date of Birth: 11/2/1959           Sex: Male
Race: Anglo or White

Age At Time Of Death: 58

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

Date/Time of Custody or Incident: 3/10/2014 12:00 AM

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

Death Date and Time: 9/12/2018 1:37 PM

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 are available

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

Manner of Death: Homicide (includes Justifiable Homicide)
Medical Cause of Death:

Medical Cause of Death: Blunt trauma of head

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?

Who caused the death?: Law 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 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?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

Means of Death: Other, specify

Means of Death Other: Head trauma resulted from Use of Force incident
Where did the event causing the death occur?

Street Address: 264 FM 3478  
City: Huntsville  
County: Walker  
Zip: 77320

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

Location Category: Law Enforcement Facility

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

Type of Custody: Penitentiary

Specific type of custody/facility:

Specific Type of Custody/Facility: TDCJ, specify  
TDCJ - Specify Unit: Estelle Unit

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: 3/10/2014 12:00 AM

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:
Aggravated Assault with a Deadly Weapon

Offense 2:

Offense 3:

Were the Charges: Convicted

What were the types of charges 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: Unknown

At any time during the incident 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:
<table>
<thead>
<tr>
<th>Question</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appear intoxicated (alcohol or drugs):</td>
<td>Unknown</td>
</tr>
<tr>
<td>Make suicidal statements?:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Exhibit any mental health problems?:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Exhibit any medical problems?:</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Action</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barricade self or initiate standoff?:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Resist being handcuffed or arrested?:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Physically attempt/assault officer(s):</td>
<td>Unknown</td>
</tr>
<tr>
<td>Gain possession of officer's weapon:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Verbally threaten other(s) including law:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Escape or attempt to escape/flee custody:</td>
<td>Unknown</td>
</tr>
<tr>
<td>Attempt gain possession officer's weapon:</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

Was the deceased under restraint in the time leading up to the death or the events causing the death?

<table>
<thead>
<tr>
<th>Under Restraint:</th>
<th>Yes, mark which restraint devices were used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of restraint</td>
<td>Handcuffs</td>
</tr>
</tbody>
</table>

Summary of Incident

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

Summary:

On August 30, 2018, Offender Ryan was transported to the hospital via life flight due to head trauma resulted from a use of force incident at the unit. Offender Ryan remained in the hospital and on September 12, 2018, he was pronounced by medical staff.