



# KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

## CUSTODIAL DEATH REPORT

### Agency Information

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CDR Number: 18-893-P

Version Type: AMENDED

Report Date: 12/21/2018 1:15  
PM

Status: Submitted

### Agency/Facility Information

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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

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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

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## Identity of Deceased

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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):

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

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

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

## Manner / Cause of Death

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Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

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Medical Examiner/Coroner Evaluation?: Yes, results are available

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

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Manner of Death: Homicide (includes Justifiable Homicide)

Medical Cause of Death:

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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?

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Medical Treatment: Not Applicable

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

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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)

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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?

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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?

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Means of Death: Other, specify

Means of Death Other: Head trauma resulted from Use of Force incident

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 264 FM 3478

City: Huntsville

County: Walker

Zip: 77320

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

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Location Category: Law Enforcement  
Facility

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

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Type of Custody: Penitentiary

Specific type of custody/facility:

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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):

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Entry Date Time: 3/10/2014 12:00  
AM

Where did the death occur?

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Death Location: Medical facility

## General Information

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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:

Appear intoxicated (alcohol or drugs): Unknown

Make suicidal statements?: Unknown

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 standoff?: Unknown

Resist being handcuffed or arrested?: Unknown

Physically attempt/assault officer(s): Unknown

Gain possession of officer's weapon: Unknown

Verbally threaten other(s) including law: Unknown

Escape or attempt to escape/flee custody: Unknown

Attempt gain possession officer's weapon: Unknown

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

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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.