

#### **CUSTODIAL DEATH REPORT**

# **Agency Information**

CDR Number: 19-1362-UF

Report Date: 6/30/2020 9:46 AM

Version Type: AMENDED

Status: Submitted

### Agency/Facility Information

Agency Name: Temple Police

Dept.

Agency City: Temple

Agency Zip: 76501

Agency Address: 209 E. Avenue A.

Agency State: TX

#### **Director Information**

Director Salutation: Chief Director First Name: James

Director Middle Name:

Director Last Name: Tobin

Reporter Name: Robert Mallett Reporter Email: rmallett@templetx.gov

## **Decedent Information**

#### Identity of Deceased

Custodial Death Report :: Page 1 of 6

First Name: Michael

Middle Name: Lorenzo

Last Name: Dean

Suffix:

Date of Birth: 5/5/1991 Sex: Male

Race: Black or African American

Age At Time Of Death: 28

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

Date/Time of Custody or Incident: 12/2/2019 8:12 PM

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

Death Date and Time: 12/2/2019 8:26 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:					
Gunshot wound to the head					
Had the decedent been receiving treatment for the medical condition that caused the death					
after admission to your jail's jurisdiction?					
Medical Treatment: No					
If death was an accident, homicide or suicide, who caused the death?					
Law Who caused the death?: enforcement/correctional					
personnel					
If a constant of the least of t					
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?:					
deathr.					
Was the cause of death the result of a pre-existing medical condition or did the decedent					
develop the condition after admission?					
Not Applicable;					
Pre existing medical 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?					
Means of Death: Firearm					

Location / Custody Information

where did the event causin	ig the death occur?				
Street Address:	3200 block of Little River rd	City:	Temple		
County:	Bell	Zip:	76502		
What location category best describes where the event causing the death occurred?					
Location Category: Ro	adway/highway/street/sidewalk				
What type of custody/facility	y was the Decedent in at the time of de	ath:			
	<b>-</b>				
Type of Custody:	Pre-Custodial Use of Force				
Specific type of custody/facility:					
	Specific Type of Custody/Facility:				
Custody of Law Enforcement Per	rsonnel during/fleeing arrest				
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):					
the death occurred (minirad	/yyyy 1111.111111 AW/1 W/).				
Entry Date Time:					
Entry Date Time N/A:	✓				
·					
Where did the death occur?	?				
Death Location:	Scene of incident				
General Information	on				

Other Agencies Respond?:	Yes
What were the most serious charged with at the time of	s offense(s) with which the deceased was (or would have been) death?
	Offense 1:
Evading in a Vehicle	
	Offense 2:
	Offense 3:
Were the Charges::	Not filed at time of death
What were the types of cha	rges or reason for contact? (Hold CTRL to select all that apply)
Type of Offense:	Other, specify
	Type of Offense, Other:
Speeding Evading in a Vehicle	
At any time during the incide display or use a weapon?	ent and/or entry into the law enforcement facility, did the decedent
Decedent display/use of weapons:	No
At any time during the incide	ent and/or entry into the law enforcement facility, did the decedent:
Attempt to Injure Others?:	No
At any time during the incide	ent and/or entry into the law enforcement facility, did the decedent:

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

Appear intoxicated (alcohol or

drugs): Yes Make suicidal statements?: No

Exhibit any mental health problems?: Unknown Exhibit any medical problems?: No

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

standoff?: no arrested?:

Physically attempt/assault No Gain possession of officer's No

officer(s): weapon:

Verbally threaten other(s) No Escape or attempt to Yes

including law: escape/flee custody:

Attempt gain possession 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 12-02-19 at approximately 2012hrs, Officer Carmen DeCruz was running radar in the area of Blackland Rd Temple Tx. Bell County. Officer DeCruz observed a Gray PT Cruiser speeding and initiated a traffic stop. The driver of the vehicle, and sole occupant, later identified as Michael Dean, refused to stop for the officer and a short pursuit ensued. Michael Dean brought his vehicle to a stop at the intersection of E. HWY 190 and the 3200 block of Little River Rd. Officer DeCruz exited his vehicle and made contact with Michael Dean. There was an altercation of some sort between Officer DeCruz and Michael Dean. During this altercation, Officer DeCruz's service weapon discharged striking Michael Dean. Officer DeCruz initiated life-saving measures to no avail.

The Texas Rangers were called to the scene to investigate the shooting and posses key elements of the investigation.

Custodial Death Report :: Page 6 of 6