



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 20-377-UF

Version Type: AMENDED

Report Date: 6/18/2020 11:56  
AM

Status: Submitted

## Agency/Facility Information

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Agency Name: Harris County  
Sheriff's Dept.

Agency Address: 1200 Baker Street

Agency City: Houston

Agency State: TX

Agency Zip: 77002

## Director Information

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Director Salutation: Sheriff

Director First Name: Ed

Director Middle Name:

Director Last Name: Gonzalez

Reporter Name: Jeffery Vickery

Reporter Email: jeffery.vickery@sheriff.hctx.net

## Decedent Information

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## Identity of Deceased

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First Name: Joshua

Middle Name: Jamail

Last Name: Johnson

Suffix:

Date of Birth: 10/5/1984

Sex: Male

Race: Black or African  
American

Age At Time Of Death: 35

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

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Date/Time of Custody or  
Incident: 4/22/2020 6:20 AM

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

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Death Date and Time: 4/22/2020 6:30 AM

## 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:

Multiple gunshot wounds

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?: Handgun

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: Firearm

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 15343 E Ritter  
Circle

City: Missouri City

County: Harris

Zip: 77071

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

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Location Category: Roadway/highway/street/sidewalk

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

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Type of Custody: Pre-Custodial Use  
of Force

Specific type of custody/facility:

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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):

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Entry Date Time:

Entry Date Time N/A: ☒

Where did the death occur?

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Death Location: Scene of incident

## General Information

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

Other Agencies Respond?: Yes

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:

N/A

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: Other, specify

Type of Offense, Other:

Decedent approached undercover officer with a deadly weapon

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed other weapon, specify:

Specify Weapon Displayed:

BB gun

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?: 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?: No

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: Unknown

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: No

## Summary of Incident

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

Summary:

On April 22, 2020, an undercover deputy was conducting surveillance on a residence while sitting in his county issued vehicle. The decedent approached the deputy from behind while holding what appeared to be a handgun and an illuminated cell phone light activated. The deputy simultaneously lowered his window and pointed his weapon at the decedent while ordering him to drop his gun. The decedent began to raise his gun

and the deputy fired two rounds towards the decedent striking him in the front left area of his body. EMS paramedics arrived and determined the male had no signs of life. The decedent's handgun was determined to be a BB gun.