

## **CUSTODIAL DEATH REPORT**

# **Agency Information**

CDR Number: 22-55-UF

Report Date: 8/16/2022 10:23 AM

Version Type: AMENDED

Status: Submitted

## Agency/Facility Information

Harris County Agency Name:

Sheriff's Dept.

Agency City: Houston

Agency Zip: 77002

Agency Address: 1200 Baker Street

Agency State: TX

### **Director Information**

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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adminy of Boodacca		
First Name:	Nathan	
Middle Name:		
Last Name:	Humphrey	
Suffix:	Jr	
Date of Birth:	8/31/1993	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:	1/17/2022 6:10 PM	
Date/Time of Death (mm/dd/yyyy hh:mm AM/PM):		
Death Date and Time:	1/17/2022 7:15 PM	
Manner / Cause of	Death	
Has a medical examiner or	coroner conducted an evaluation to dete	rmine a cause of death?
Has a medical examiner or coroner conducted an evaluation to determine a cause of death?		mine a cause of deatil!
Medical Examinor/Coroner Evalution?:		

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

Homicide (includes

Manner of Death: Justifiable

Homicide)

Medical Cause of Death:		
	Medical Cause of Death:	
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?		
Medical Treatment:	Not Applicable	
If death was an accident, homicide or suicide, who caused the death?		
Who caused the death?:	_aw 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?:	Firearm, unspecified	
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:		

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# Location / Custody Information

Where did the event causir	g the death occur?		
Street Address:	17700 W Lake Houston Pkwy	City:	Humble
County:	Harris	Zip:	77346
What location category bes	t describes where the	event causing the deat	th occurred?
Triat location category see	t docomboo whore the	over eadoning the deal	in occanica.
Location Category: Ro	adway/highway/street/sidewa	alk	
What type of custody/facilit	y was the Decedent in	at the time of death:	
Type of Custody:	Pre-Custodial Use		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	of Force		
Specific type of custody/fac	sility:		
	Specific Type of Custody/Fa	cility:	
Custody of Law Enforcement Pe	rsonnel during/fleeing arrest		
What was the time and date the death occurred (mm/dd		try into the law enforce	ement facility where
Entry Date Time:			
Entry Date Time N/A:	✓		
Where did the death occur	?		
Death Location:	Medical facility		

# **General Information**

Did any other law enforcement	ent agencies respond to calls for service related to this incident?
Other Agencies Respond?: 1	No
What were the most serious charged with at the time of d	offense(s) with which the deceased was (or would have been) leath?
	Offense 1:
Felony Warrants	
	Offense 2:
	Offense 3:
Were the Charges:: I	Filed
What were the types of char	ges or reason for contact? (Hold CTRL to select all that apply)
Lyne at ()ttense:	Violent Crime Against Persons
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?: 1	No

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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?: Unknown

Exhibit any mental health

Unknown problems?:

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?:

Resist being handcuffed or

arrested?:

Physically attempt/assault

officer(s):

Gain possession of officer's

weapon:

Yes

Verbally threaten other(s)

including law:

Escape or attempt to Unknown

escape/flee custody:

Attempt gain possession

No 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 January 17, 2022, Harris County Sheriff's Office personnel conducted undercover surveillance on a murder suspect who had open felony warrants. At approximately 6:10 p.m., deputies approached the suspect and announced themselves. The decedent ran from deputies and stopped on a roadway. As the suspect turned towards deputies, he reached towards his waist, and two deputies fired their weapons; striking the suspect. The suspect was transported to Kingwood Medical Center, where he was pronounced deceased at 7:15 p.m. by a medical doctor.

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