KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	16-17-MJ	Version Type:	AMENDED
Report Date:	12/16/2016 4:24 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Mansfield Police Dept.	Agency Address:	1305 E. Broad St.
Agency City:	Mansfield	Agency State:	TX
Agency Zip:	76063		

Director Information

Director Salutation:	Chief	Director First Name:	Tracy
Director Middle Name:			
Director Last Name:	Aaron		
Reporter Name:	Gary Fowler	Reporter Email:	gary.fowler@mansfieldtexas.gov

Decedent Information

Identity of Deceased

First Name: Carlos

Middle Name: T

Last Name: Harris

Suffix:

Date of Birth: 11/17/1977 Sex: Male

Race: Black or African American

Age At Time Of Death: 39

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

Date/Time of Custody or Incident: 11/16/2016 12:40 PM

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

Death Date and Time: 11/19/2016 4:37 AM

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 pending

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

1. Sickle Cell Crisis
2. Coronary Artery Disease and Drug Use

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:	Yes

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

Who caused the death?:	Not applicable

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?:	Pre-existing medical condition

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

Means of Death:	Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address:	1601 Heritage Parkway	City:	Mansfield
County:	Tarrant	Zip:	76063

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:	Municipal Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:
Custody of Law Enforcement Personnel subsequent to 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):

Entry Date Time:	11/16/2016 12:16 PM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

General Information

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:

Poss CS PG 1>=1G<4G

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: Alcohol / drug offense

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: No

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): No

Make suicidal statements?: No

Exhibit any mental health problems?: No

Exhibit any medical problems?: Yes

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:	No	Escape or attempt to escape/flee custody:	No
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:

11/16/2016 (0:40am):
-Decedent was arrested by Fort Worth Police Department and taken to the transfer facility located at 350 W. Belknap, Fort Texas. (The City of Fort Worth contracts with the City of Mansfield for jail services).

11/16/2016 (12:16pm)
- Decedent was transferred to the Mansfield Law Enforcement Center located at 1601 Heritage Parkway, Mansfield, Tarrant County, Texas 76063.

11/16/2016 (12:20pm)
- Decedent was processed through booking and assigned to K-Zone (general population) for housing.

11/18/2016 (2:09pm)
- Decedent was transferred from K-Zone to Segregation cell 252 as directed by medical staff.

11/19/2016

(4:26am)
-During a scheduled cell check, Correction personnel found the decedent to be unresponsive.
- Facility nursing staff notified, responds, and begins CPR and deploys an AED
-Mansfield Fire & EMS notified to respond

(4:37am)
-Mansfield Fire & EMS pronounced the decedent.

The Tarrant County Medical Examiner's (Case 1617450) results of the decedent's autopsy are currently listed as pending.

02/01/2017: Autopsy Report from the Tarrant County Medical Examiners Office (Case No. 1617450) lists the cause of death as:
1. Sickle Cell Crisis, and
2. Coronary Artery Disease and Drug Use

The Manner of Death as: Natural