KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-411-C	Version Type:	AMENDED
Report Date:	8/16/2017 4:12 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Austin Police Dept.	Agency Address:	PO BOX 689001
Agency City:	Austin	Agency State:	TX
Agency Zip:	78768		

Director Information

Director Salutation:	Lieutenant	Director First Name:	Kurt
Director Middle Name:			
Director Last Name:	Thomas		
Reporter Name:	Kurt Thomas	Reporter Email:	kurt.thomas@austintexas.gov

Decedent Information

Identity of Deceased

First Name: Christopher

Middle Name: Edward

Last Name: Givens

Suffix:

Date of Birth: 7/17/1984 Sex: Male

Race: Anglo or White

Age At Time Of Death: 33

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

Date/Time of Custody or Incident: 8/5/2017 7:07 AM

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

Death Date and Time: 8/6/2017 11:28 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 are available

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

Manner of Death: Accidental

Medical Cause of Death:

Medical Cause of Death:

Acute Methamphetamine Toxicity

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

Medical Treatment:	Unknown

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

Who caused the death?:	Decedent

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?:	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:	Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address:	501 Deen Avenue	City:	Austin
County:	Travis	Zip:	78753

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

Location Category: Residence/Home

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

Type of Custody: Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel 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):

Entry Date Time:

Entry Date Time N/A: ✓

Where did the death occur?

Death Location: Medical facility

General Information

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:

None

Offense 2:

None

Offense 3:

None

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:	Medical / Mental Health assistance call

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):	Yes	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?:	Yes
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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

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

Summary:

On 8/5/2017, at approximately 6:56am, patrol officers responded to a check welfare made by the resident of 501 Deen Avenue #103, Austin, Travis County Texas. The complainant of the call reported a white male (Mr. Givens) forced entry into his apartment, seeking assistance, informing the complainant that he had ingested a large quantity of Methamphetamine.

A fire crew responded, arriving first, but staged at the intersection of Georgian Drive /Deen Avenue, due to the nature of the call. (The complainant had provided updates to 911 that the subject was being violent inside of his apartment.)

The first two arriving officers entered the complainant’s apartment and handcuffed Mr. Givens, who was laying on the floor, for safety reasons.

Once in custody, and with the assistance of two other arriving officers, Mr. Givens was removed from the apartment and placed on the ground outside of the apartment, to await medical personnel’s’ on-scene arrival. Officers then advised APD Communications that it was safe for medical personnel to enter the scene. A fire engine crew arrived on scene shortly thereafter, and immediately began administering medical intervention, as the subject remained handcuffed on the ground.

Once EMS personnel arrived on scene, the subject was placed onto a gurney, the handcuffs were removed, and soft restraints were applied. The subject was placed into the ambulance, as his physical condition

deteriorated rapidly. Mr. Givens arrested, CPR was administered, and he was transported to Seton Hospital, where he was admitted. Mr. Givens died at Seton Hospital on 8/6/2017 at 11:28am. The investigation awaits the final autopsy/toxicology report from the Travis County Medical Examiner’s Office for the cause and manner of death. On 10/24/2017, the autopsy/toxicology report was received from the Travis County Medical Examiner's Office. The report states the cause of death was Acute Methamphetamine Toxicity. The report states the manner of death was determined to be Accidental.