KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-515-CJ	Version Type:	ORIGINAL VERSION
Report Date:	9/29/2017 3:05 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Montgomery County Sheriff's Dept.	Agency Address:	#1 Criminal Justice Drive
Agency City:	Conroe	Agency State:	TX
Agency Zip:	77301		

Director Information

Director Salutation:	Sheriff	Director First Name:	Rand
Director Middle Name:			
Director Last Name:	Henderson		
Reporter Name:	Paul Hahs	Reporter Email:	paul.hahs@mctx.org

Decedent Information

Identity of Deceased

First Name: Phillip

Middle Name: Carl

Last Name: Tucker

Suffix:

Date of Birth: 1/26/1983 Sex: Male

Race: Anglo or White

Age At Time Of Death: 34

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

Date/Time of Custody or Incident: 9/25/2017 8:59 AM

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

Death Date and Time: 9/28/2017 10:16 PM

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)

Pending autopsy

Manner of Death: results

Medical Cause of Death:

Medical Cause of Death:

Pending Autopsy

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?: 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?: Deceased developed condition after admission

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

Means of Death: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	1 Criminal Justice Drive	City:	Conroe
County:	Montgomery	Zip:	77301

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:	County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:
Jail - single cell

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:	9/25/2017 12:45 PM

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?:	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:

Forgery

Offense 2:

Offense 3:

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Crime Against Property

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?: Yes

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

Resist being handcuffed or

standoff?:	No	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Leg Shackles; Other device, specify
Other device, specify:	Soft Restraints on hands, Restraint Chair

Summary of Incident

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

Summary:

Inmate was caught using staff telephone and was placed in a segregation cell. During a security check, Jail staff observed the inmate displaying symptoms of hallucinations and delirium tremens. Inmate began beating on the steel cell door and was transferred to a padded violent cell and placed in a restraint chair for his safety. Medical staff was contacted due to the use of the restraints and administered Ativan, Benedryl, and Haldol. During a 15 minute security check, staff observed that the inmate was unresponsive with shallow breathing and contacted medical staff for treatment. Medical staff responded and began CPR while waiting for EMS to arrive. EMS transported the inmate to the Conroe Regional Hospital and he was pronounced deceased approximately 5 hours after arriving.