KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-529-PF	Version Type:	AMENDED
Report Date:	10/12/2017 10:47 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Dallas Police Dept.	Agency Address:	1400 S. Lamar Street
Agency City:	Dallas	Agency State:	TX
Agency Zip:	75215		

Director Information

Director Salutation:	Other	Director First Name:	Christina
Director Middle Name:			
Director Last Name:	Smith		
Reporter Name:	Earnest Merritt	Reporter Email:	e.merritt@dpd.dallascityhall.com

Decedent Information

Identity of Deceased

First Name: George

Middle Name: Lamont

Last Name: Dennis

Suffix:

Date of Birth: 9/28/1971 Sex: Male

Race: Black or African American

Age At Time Of Death: 46

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

Date/Time of Custody or Incident: 10/11/2017 2:32 PM

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

Death Date and Time: 10/11/2017 3:29 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 are available

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

Manner of Death: Accidental

Medical Cause of Death:

Medical Cause of Death:

It is the opinion of the DCME Mr. Dennis died as a result of the toxic effects of phencyclidine (PCP). Its is their opinion hypertensive cardiovascular disease contributed to death.

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?: 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?: 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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	6500 Lazy River Drive	City:	Dallas
County:	Dallas	Zip:	75241

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

Location Category: Roadway/highway/street/sidewalk

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

Type of Custody: Private Facility

Specific type of custody/facility:

Specific Type of Custody/Facility:

Hospital/Infirmary

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:

Parole Violation

Offense 2:

Possession Marijuana

Offense 3:

UPF

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?: Unknown

Exhibit any mental health

problems?:	Unknown	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:	Unknown	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 October 11, 2017, at approximately 2:09 p.m., a citizen contacted 911 regarding the subject laying on the side of the road at 6500 Lazy River. DFR Rescue 46 responded to the call and contacted the subject, who went with them to the hospital. At the intersection of Camp Wisdom Road and University Hills Boulevard, the subject became combative inside the ambulance and DFR called for police assistance. Dallas PD officers were nearby and responded to the call. Both officers entered the ambulance and placed the subject in handcuffs. DFR Rescue 3 with several firemen responded and assisted. The ambulance continued to Methodist Hospital where the subject died. As hospital staff worked on the subject, Methodist PD officers located a pistol and marijuana on the subject.

SIU responded to the hospital and began the investigation. CSRU processed the officers, the original call location, and the location of the assist. Dash Camera video of the officers entering the ambulance was

located. Officers did not use their TASERs and the subject did not appear to have any visible injuries. A canvas of the original call location was completed by SIU and the original 911 caller interviewed. The subject had an active Parole Violation. The Dallas County DA responded to the scene.