KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-704-CJ	Version Type:	ORIGINAL VERSION
Report Date:	1/10/2018 3:54 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Galveston County Sheriff's Dept.	Agency Address:	601 54th St., Ste 2100
Agency City:	Galveston	Agency State:	TX
Agency Zip:	77551		

Director Information

Director Salutation:	Sheriff	Director First Name:	Henry
Director Middle Name:			
Director Last Name:	Trochesset		
Reporter Name:	Kevin Walker	Reporter Email:	kevin.walker@co.galveston.tx.us

Decedent Information

Identity of Deceased

First Name: Barry

Middle Name: Edward

Last Name: Phillips

Suffix:

Date of Birth: 9/24/1952

Sex: Female

Race: Black or African American

Age At Time Of Death: 65

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

Date/Time of Custody or Incident: 9/18/2017 10:00 AM

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

Death Date and Time: 12/22/2017 5:00 PM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Unknown at this time.

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?:	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:	Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address: 301 University
City: Galveston
County: Galveston
Zip: 77550

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

Location Category: Other, specify

Other Location Category:

Hospital

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:

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: 9/18/2017 3:10 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?: 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:

Agg Sexual Assault Child

Offense 2:

n/a

Offense 3:

n/a

Were the Charges:: Filed

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

Type of Offense: Violent Crime
Against Persons

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: Unknown

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): Unknown

Make suicidal statements?: Unknown

Exhibit any mental health

problems?:	Unknown	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?:	No	Resist being handcuffed or arrested?:	Unknown
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:

On 12/14/2017 at approximately 0110, while incarcerated in the Galveston County Jail the deceased complained of having trouble breathing. the deceased was then transported to jail medical for evaluation. After being evaluated, the EMS was call to transport the decease to the emergency room. Immediately after being placed into the EMS van, CPR was administered. Once at UTMB ER, the deceased was evaluated and admitted for treatment.

After several days of treatment, the decease's family signed necessary to have the deceased removed from a ventilator and to cease medication. on 12/22/2017 at 1513, UTMB Dr. Li pronounced expiration of the deceased.