KEN PAXTON
ATTORNEY GENERAL of TEXAS

**CUSTODIAL DEATH REPORT**

# Agency Information

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|---|---|---|---|
| CDR Number: | 18-1400-UF | Version Type: | ORIGINAL VERSION |
| Report Date: | 2/8/2019 11:40 AM | Status: | Submitted |

## Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Port Arthur Police Dept. | Agency Address: | 645 4th St. |
| Agency City: | Port Arthur | Agency State: | TX |
| Agency Zip: | 77641 | | |

## Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Chief | Director First Name: | Timothy |
| Director Middle Name: | | | |
| Director Last Name: | Duriso | | |
| Reporter Name: | Timothy Duriso | Reporter Email: | timothy.duriso@portarthurtx.gov |

# Decedent Information

### Identity of Deceased

First Name: Shayne

Middle Name: Delmair

Last Name: Lyons

Suffix:

Date of Birth: 9/4/1983

Sex: Male

Race: Black or African American

Age At Time Of Death: 35

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

Date/Time of Custody or Incident: 12/28/2018 4:20 PM

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

Death Date and Time: 12/28/2018 4:20 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: Other - specify

Manner of Death Description:

Officer involved shooting

## Medical Cause of Death:

Medical Cause of Death:

See medical report - shooting

## 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?: Law enforcement/correctional personnel

## 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?: Handgun

## 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: Firearm

# Location / Custody Information

## Where did the event causing the death occur?

| | | | |
|---|---|---|---|
| Street Address: | 1600 Kansas Avenue | City: | Port Arthur |
| County: | Jefferson | Zip: | 77640 |

## 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: Pre-Custodial Use of Force

## Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

## 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: Scene of incident

# 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:

Aggravated Assault on a Peace Officer

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: Other, specify

Type of Offense, Other:

The officer reported that he observed individuals walking in the street while displaying erratic behavior. He also reported one of the individuals displayed a machete.

## 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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed other weapon, specify:

Specify Weapon Displayed:

Machete

### At any time during the incident and/or entry into the law enforcement facility, did the decedent:

| | |
|---|---|
| Attempt to Injure Others?: | Unknown |

### 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?: | No |
| Exhibit any mental health problems?: | Yes | 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?: | No |
| Physically attempt/assault officer(s): | Yes | 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: | No |

## Summary of Incident

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

Summary:

Shayne Lyons approached an officer while displaying a machete so an officer discharged his weapon to stop the threat to his safety.