KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-142-UF	Version Type:	AMENDED
Report Date:	3/7/2018 2:21 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Stratford Police Dept.	Agency Address:	Box 188
Agency City:	Straford	Agency State:	TX
Agency Zip:	79084		

Director Information

Director Salutation:	Chief	Director First Name:	Randy
Director Middle Name:			
Director Last Name:	Hooks		
Reporter Name:	Randy Hooks	Reporter Email:	rhooks@ci.stratford.tx.us

Decedent Information

Identity of Deceased

First Name: Darion

Middle Name: Devon

Last Name: Baker

Suffix:

Date of Birth: 11/2/1994 Sex: Male

Race: Black or African American

Age At Time Of Death: 23

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

Date/Time of Custody or Incident: 2/21/2018 7:30 PM

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

Death Date and Time: 2/21/2018 7:30 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:

Gunshot Wounds of Back (2), Perforation of left Lung

Medical Cause of Death:

Medical Cause of Death:

Blood Loss

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:	100 S. Poplar	City:	Stratford
County:	Sherman	Zip:	79084

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

Location Category: Business

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:

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: Scene of incident

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:

Unauthorized use of a stolen vehicle

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:	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:	Yes, mark all that apply
Decedent Display or Use Weapon Details:	Used vehicle as weapon

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

Attempt to Injure Others?:	Yes (select all that apply)

Ways Decedent Attempted To Injure Others:	Attempted to injure law enforcement personnel

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

Appear intoxicated (alcohol or drugs):	N/A	Make suicidal statements?:	N/A
Exhibit any mental health problems?:	N/A	Exhibit any medical problems?:	N/A

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:	Yes
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:

Officers of the Stratford Police department attempted to arrest the deceased for operating a stolen vehicle, during the arrest attempt the deceased failed to follow verbal commands to exit the vehicle, the deceased attempted to flee the scene in the vehicle almost hitting one of the officers, fearing for his safety and the safety of his partner and the citizens in the parking lot, the officer fired his duty weapon. The deceased was struck and died from his injuries.