KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-188-C	Version Type:	AMENDED
Report Date:	4/25/2018 10:28 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Travis County Sheriff's Dept.	Agency Address:	5555 Airport Blvd.
Agency City:	Austin	Agency State:	TX
Agency Zip:	78751		

Director Information

Director Salutation:	Sheriff	Director First Name:	Sally
Director Middle Name:			
Director Last Name:	Hernandez		
Reporter Name:	Scott Schroeder	Reporter Email:	scott.schroeder@traviscountytx.gov

Decedent Information

Identity of Deceased

First Name: Anthony

Middle Name: Ray

Last Name: Harris

Suffix:

Date of Birth: 12/19/1982

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: 3/16/2018 11:27 PM

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

Death Date and Time: 3/17/2018 3:34 AM

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:

TOXIC EFFECTS OF COCAINE

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: No

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?: Decedent

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: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address:	509 W. 11th Street	City:	austin
County:	Travis	Zip:	78701

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

Location Category: Parking lot/garage

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

Type of Custody: Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel subsequent to 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: En route to booking center/police lockup

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:

POCS

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: Alcohol / drug offense

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):	Unknown	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	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?:	N/A	Resist being handcuffed or 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:	Handcuffs

Summary of Incident

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

Summary:

On 03-16-2018 at 23:27 hrs. decedent Anthony Harris was arrested for POCS at Foxy's Night Club located at 16328 N. IH35 by Deputy Joel Lovin#4422. Subsequent to arrest Deputy Lovin observed Harris place an unknown item in his mouth and swallowed the item. At 23:33 hrs, Deputy Lovin transported Harris to Dell Seton at UT in fear Harris may have ingested narcotics. Dell Seton was located at 1500 Red River St. Austin, Texas. Deputy Lovin arrived at the hospital at 23:56 hrs which Harris was examined in ER room #13. Harris stated to the nursing staff he did not consume narcotics. After examination and monitoring was complete, the hospital released Harris back to Deputy Lovin who transported Harris to Travis County Central Booking on 03-17-18 arriving at 02:35 hrs. Upon arrival at the sally port, Deputy Lovin observed Harris seizing in the rear seat of the patrol unit. Deputy Lovin called EMS via cell phone and alerted jail staff of the situation. Jail Correction Officers as well as two Jail Nurses responded to assist Harris.
At 02:49 hrs, CPR was in progress.
At 03:30 hrs, EMS arrived and transported Harris back to Dell Seton UT ER where Harris was being treated in room #51.
At 03:34 hrs, Harris was pronounced deceased by Dr. Kempema.
Texas Rangers were contacted by Travis County CID.

On 04-25-2-18 I received the final ME Report with Toxicology results. Deputy Medical Examiner Sam Andrews M.D. performed the autopsy and determined the cause of death as:

Toxic Effects of Cocaine.

Manner of death: Accident

End of Report