KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 18-190-UF | Version Type: | AMENDED |
| Report Date: | 9/24/2018 10:47 AM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Arlington Police Dept. | Agency Address: | 620 W. Division St. |
| Agency City: | Arlington | Agency State: | TX |
| Agency Zip: | 76011 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Chief | Director First Name: | Will |
| Director Middle Name: | | | |
| Director Last Name: | Johnson | | |
| Reporter Name: | Stephen Winchester | Reporter Email: | steve.winchester@arlingtontx.gov |

## Decedent Information

### Identity of Deceased

First Name: Hieu

Middle Name: Trung

Last Name: Tran

Suffix:

Date of Birth: 7/30/1979 Sex: Male

Race: Asian or Pacific Islander

Age At Time Of Death: 38

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

Date/Time of Custody or Incident: 3/8/2018 3:15 PM

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

Death Date and Time: 3/8/2018 5:13 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)

Homicide (includes

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|---|---|
| Manner of Death: | Justifiable Homicide) |

## Medical Cause of Death:

Medical Cause of Death:

multiple gunshot wounds

## 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?

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| 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)

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|---|---|
| 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?

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|---|---|
| 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?

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| Means of Death: | Firearm |

# Location / Custody Information

## Where did the event causing the death occur?

| | | | |
|---|---|---|---|
| Street Address: | 2117 Reverchon Drive | City: | Arlington |
| County: | Tarrant | Zip: | 76017 |

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

Location Category: Residence/Home

## 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: 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:

Aggravated Assault Against 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:

Unknown, 911 Hang Up from Residence

## 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 other weapon, specify:

Specify Weapon Used:

Knife

### 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): | No | Make suicidal statements?: | No |
| Exhibit any mental health problems?: | No | Exhibit any medical problems?: | No |

### 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: | 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?

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|---|---|
| Under Restraint: | No |

## Summary of Incident

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

Summary:

The Arlington Police Department received a 911 Hang Up from 2117 Reverchon Drive. Dispatch attempted to call the location three times, but received no answer. Two officers were dispatched to the location, and made contact with a male subject at the door. The subject gave permission for officers to enter the residence and check on the occupants. As the first officer entered, a second male subject came from behind a wall and charged the officer attempting to stab him with a large knife. Both officers retreated while drawing their department issued firearms. Both officers discharged their firearms, striking the suspect. The suspect was transported to the hospital and pronounced deceased.