KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-262-UF	Version Type:	AMENDED
Report Date:	10/9/2018 1:30 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Austin Police Dept.	Agency Address:	PO BOX 689001
Agency City:	Austin	Agency State:	TX
Agency Zip:	78768		

Director Information

Director Salutation:	Lieutenant	Director First Name:	Kurt
Director Middle Name:			
Director Last Name:	Thomas		
Reporter Name:	Kurt Thomas	Reporter Email:	kurt.thomas@austintexas.gov

Decedent Information

Identity of Deceased

First Name: Mark

Middle Name: Anthony

Last Name: Conditt

Suffix:

Date of Birth: 6/16/1994 Sex: Male

Race: Anglo or White

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: 3/21/2018 1:59 AM

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

Death Date and Time: 3/21/2018 1:59 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: Suicide

Medical Cause of Death:

Medical Cause of Death:

Multiple Shrapnel 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?

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?: Other Weapon, specify:

Other weapon, specify:

Improvised Explosive Device

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: Other, specify

Means of Death Other: Improvised Explosive Device

Location / Custody Information

Where did the event causing the death occur?

Street Address:	1700 N IH 35	City:	Round Rock
County:	Williamson	Zip:	78761

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:

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:

Fail to Register an Explosive Device (Federal Charge filed prior to death)

Offense 2:

Murder/Attempted Capital Murder (not filed at time of death)

Offense 3:

Aggravated Assault with a Deadly Weapon (not filed at time of death)

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: Yes, mark all that apply

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

Specify Weapon Used:

Improvised Explosive Device

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:	Injured law enforcement personnel; 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):	Unknown	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?

Under Restraint:	No

Summary of Incident

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

Summary:

Decedent was a suspect in the Austin Bombing investigation. Surveillance teams located the suspect in his vehicle in the parking lot of a hotel in Round Rock, Texas. Surveillance teams watched the suspect as he went mobile in his vehicle. The suspect had previously injured and killed victims utilizing improvised explosive devices and was expected to be in possession of additional devices. Austin Police Department Special Weapons and Tactics (SWAT) personnel followed the suspect and attempted to conduct a vehicle take down in order to apprehend the decedent. During the attempted apprehension, the suspect detonated an IED causing his death and injury to one of the SWAT personnel.