KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-417-CJ	Version Type:	AMENDED
Report Date:	6/25/2019 2:17 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Smith County Sheriff's Office	Agency Address:	227 N. Spring Ave.
Agency City:	Tyler	Agency State:	TX
Agency Zip:	75702		

Director Information

Director Salutation:	Sheriff	Director First Name:	Larry
Director Middle Name:	R		
Director Last Name:	Smith		
Reporter Name:	Deal Folmar	Reporter Email:	dfolmar@smith-county.com

Decedent Information

Identity of Deceased

First Name: Kenneth

Middle Name: Alan

Last Name: Carner

Suffix:

Date of Birth: 1/4/1961 Sex: Male

Race: Anglo or White

Age At Time Of Death: 57

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

Date/Time of Custody or Incident: 7/1/2017 12:59 AM

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

Death Date and Time: 4/29/2018 2:47 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: Homicide (includes Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

Complications of a remote gunshot wound of the abdomen, (other significant factors, hepatic cirrhosis due to hepatics C viral infection)

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

Medical Treatment:	Yes

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: CR 35 & Loop 323

City: Tyler

County: Smith

Zip: 75706

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: County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:

Hospital/Infirmary

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?: 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:

Assault Public Servant

Offense 2:

Attempt to Take Weapon from Officer

Offense 3:

Parole Violation

Were the Charges:: Filed

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:

Traffic Stop

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?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Injured 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):	Yes	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?:	Yes
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:	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:

On June 17, 2017 Kenneth Alan Carner received a gunshot wound(s) after being involved with an altercation with a Smith County Sheriff's Office Deputy. He was subsequently admitted into East Texas Medical Center Hospital until July 5, 2017 at which time he was released and booked into the Smith County Jail. After numerous ER visits and hospital stays the last hospital admission being April 16, 2018, inmate Carner passed away after 14 days in the hospital on April 29, 2018.