KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-536-UF	Version Type:	ORIGINAL VERSION
Report Date:	6/20/2018 4:35 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Big Spring Police Dept.	Agency Address:	310 Nolan Street
Agency City:	Big Spring	Agency State:	TX
Agency Zip:	79720		

Director Information

Director Salutation:	Chief	Director First Name:	Chad
Director Middle Name:	P		
Director Last Name:	Williams		
Reporter Name:	Chad Williams	Reporter Email:	cwilliams@bigspringpd.net

Decedent Information

Identity of Deceased

First Name: Austin

Middle Name: Ryan

Last Name: Cantu

Suffix:

Date of Birth: 9/9/1995 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 22

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

Date/Time of Custody or Incident: 6/5/2018 8:38 PM

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

Death Date and Time: 6/5/2018 9:20 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:

Motor Vehicle Crash

Medical Cause of Death:

Medical Cause of Death:

Blunt Force Trauma

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?: Vehicle-involved death

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: Vehicle accident

Location / Custody Information

Where did the event causing the death occur?

Street Address: 2000 blk W. 3rd
City: Big Spring
County: Howard
Zip: 79720

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:

Evading Arrest or Detention W/ Motor 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: Other, specify

Type of Offense, Other:

Traffic Violations/ Evading Arrest or Detention

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?:	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?:	N/A
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:	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 attempted to initiate a traffic stop on the decedent for traffic related offenses. Subject was on a motorcycle and began to evade officers obtaining speeds over 100 mph. Decedent ended up losing control of the motorcycle, leaving the roadway and struck a tree causing blunt force trauma to his head. Subject had a passenger on the motorcycle as well who suffered incapacitating injuries. Neither of the riders were wearing a helmet.