KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-800-C	Version Type:	ORIGINAL VERSION
Report Date:	8/27/2018 3:40 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Fort Worth Police Dept.	Agency Address:	350 W. Belknap
Agency City:	Fort Worth	Agency State:	TX
Agency Zip:	76102		

Director Information

Director Salutation:	Chief	Director First Name:	Joel
Director Middle Name:			
Director Last Name:	Fitzgerald		
Reporter Name:	Amelia Heise	Reporter Email:	amelia.heise@fortworthtexas.gov

Decedent Information

Identity of Deceased

First Name: Christopher

Middle Name: Darnell

Last Name: Lowe

Suffix:

Date of Birth: 11/26/1962

Sex: Male

Race: Black or African American

Age At Time Of Death: 55

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

Date/Time of Custody or Incident: 7/26/2018 9:55 PM

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

Death Date and Time: 7/26/2018 10:36 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)

Alcohol/Drug

Manner of Death: Intoxication

Medical Cause of Death:

Medical Cause of Death:

Acute Cocaine Intoxication

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?: Not applicable

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:	3304 Griggs Avenue	City:	Fort Worth
County:	Tarrant	Zip:	76119

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

Location Category: Other, specify

Other Location Category:

Police Vehicle

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: Dead on arrival at 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:

Criminal Mischief

Offense 2:

Public Intoxication

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: Crime Against Property

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: Displayed other weapon, specify:

Specify Weapon Displayed:

metal pipe

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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	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?:	No	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 July 26th, 2018 at 21:35 hours, Officer S. Smith #3758 was dispatched to a prowler call at 3304 Griggs Avenue, Fort Worth, Texas. Upon his arrival, he located a male holding a metal pipe banging on the burglar bars of a front window. Witnesses told Officer Smith that they did not know the male, had asked him to leave, and that he had been hitting their vehicle with the metal rod causing damage.
Officer Smith observed that the male, later identified as Christopher Darnell Lowe B/M 11-26-62, appeared to be under the influence of an unknown narcotic due to his irrational behavior, bulging eyes, and irregular movements. Officers C. Golden #4372, and M. Miller #4520 arrived on scene to assist. Once the other officers arrived on scene, the officers took Lowe into custody. The officers then placed Lowe into the backseat of a patrol vehicle.
While the officers were still on scene of the prowler call, they observed that Lowe, who was still in the backseat of the patrol vehicle, was unresponsive and not breathing.
Officers removed Lowe from the vehicle and began providing medical treatment until MedStar employees and Fort Worth firefighters arrived on scene and took over treatment.
MedStar ambulance 48 transported Lowe to John Peter Smith (JPS) Hospital and was later pronounced deceased.