KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-1072-CJ	Version Type:	ORIGINAL VERSION
Report Date:	10/22/2019 7:42 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Galveston County Sheriff's Dept.	Agency Address:	601 54th St., Ste 2100
Agency City:	Galveston	Agency State:	TX
Agency Zip:	77551		

Director Information

Director Salutation:	Sheriff	Director First Name:	Henry
Director Middle Name:			
Director Last Name:	Trochesset		
Reporter Name:	Kevin Walker	Reporter Email:	kevin.walker@co.galveston.tx.us

Decedent Information

Identity of Deceased

First Name: Jeffery

Middle Name: Lynn

Last Name: Peters

Suffix:

Date of Birth: 11/2/1959 Sex: Male

Race: Anglo or White

Age At Time Of Death: 59

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

Date/Time of Custody or Incident: 10/12/2019 8:48 PM

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

Death Date and Time: 10/21/2019 3:45 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 pending

What was the manner of death? (select only one)

Alcohol/Drug

Manner of Death:	Intoxication

Medical Cause of Death:

Medical Cause of Death:

Possible detoxing from alcohol. Autopsy has been ordered.

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?:	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?:	Pre-existing medical condition

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:	Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address:	301 University Blvd	City:	Galveston
County:	Galveston	Zip:	77550

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

Location Category: Other, specify

Other Location Category:

Unknown

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: 10/17/2019 3:15 PM

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:

Assault Public Servant

Offense 2:

False Report to Police Officer

Offense 3:

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense:

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?:	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:	No

Summary of Incident

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

Summary:

Defendant was being treated by jail medical for detoxing. Defendant became unresponsive. Emergency medical treatment was summoned. Defendant was transported by EMS to the emergency room, where he remained under doctor's care until the time of decease.