KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-255-UF	Version Type:	AMENDED
Report Date:	9/15/2020 8:10 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Gaines County Sheriff's Office	Agency Address:	301 E. Ave A.
Agency City:	Seminole	Agency State:	TX
Agency Zip:	79360		

Director Information

Director Salutation:	Sheriff	Director First Name:	Ronny
Director Middle Name:	L		
Director Last Name:	Pipkin		
Reporter Name:	Clint Low	Reporter Email:	clint.low@co.gaines.tx.us

Decedent Information

Identity of Deceased

First Name: John

Middle Name: William

Last Name: Archer

Suffix:

Date of Birth: 12/9/1964 Sex: Male

Race: Anglo or White

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: 3/15/2020 6:11 PM

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

Death Date and Time: 3/15/2020 9:50 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:

Blood Loss to the heart, aorta, injury to the heart and right lung due to gun shot wounds

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?: 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?: Firearm, unspecified

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:	1889 B US Highway 62/180 West	City:	Seminole
County:	Gaines	Zip:	79360

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

Location Category: Residence/Home

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:

N/A

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: Elsewhere, specify

Death Location Elsewhere:

Seminole Memorial Hospital

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:

Attempted Capital Murder of Peace Officer

Offense 2:

Ag Assault w/ Deadly Weapon

Offense 3:

Possession of Drug Paraphernalia

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:	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:	Discharged firearm

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:	Attempted to injure law enforcement personnel; Attempted to injure civilian(s) or other inmate(s)

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?:	Yes
Exhibit any mental health problems?:	Unknown	Exhibit any medical problems?:	Unknown

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Barricade self or initiate standoff?:	Yes	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:	Yes	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:

Deputies responded to a call for service. Welfare concern called in by a daughter of the Suspect. Daughter advised that her dad had been assaulting her mother and wanted Law Enforcement to check on her. Law

Enforcement arrived and Suspect would not answer the door. On scene Sgt. established contact via phone and Suspect told deputies to leave. Further stated that, " I am ready to die." Suspect refused to let the wife leave and held her at gunpoint. Standoff lasted a couple of hours. Wife was able to break free and flee the area. Suspect chased her out and began firing at her and at Law Enforcement Officers. Officers returned fire striking the Suspect. Suspect was transported to the Seminole Memorial Hospital where he succumbed to his wounds. Texas Rangers are investigating and all Deputies who returned fire are currently on Administrative Leave.