KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-515-CJ	Version Type:	AMENDED
Report Date:	10/26/2021 9:46 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Gaines County Sheriff's Office	Agency Address:	305 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: Brian

Middle Name: Keith

Last Name: Gandy

Suffix:

Date of Birth: 3/23/1986 Sex: Male

Race: Anglo or White

Age At Time Of Death: 35

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

Date/Time of Custody or Incident: 4/21/2021 3:45 PM

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

Death Date and Time: 4/21/2021 4:04 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: Suicide

Medical Cause of Death:

Medical Cause of Death:

Strangulation resulting from hanging himself with a sheet.

10/26/2021- Received the autopsy report:
Medical cause of death:
Asphyxia by hanging.

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

Medical Treatment:	Unknown

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:	Hanging, strangulation

Location / Custody Information

Where did the event causing the death occur?

Street Address:	305 East Ave A	City:	Seminole
County:	Gaines	Zip:	79360

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

Location Category:	Law Enforcement Facility

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:
Jail - single cell

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:	4/19/2021 12:09 AM

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?: 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:

Motion to Revoke (Possession of Controlled Substance)

Offense 2:

Aggravated Assault with A Deadly Weapon

Offense 3:

Were the Charges:: A probation/parole violation

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

Type of Offense: Violent Crime Against Persons; Alcohol / drug 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): Yes

Make suicidal statements?: Yes

Exhibit any mental health

problems?:	Yes	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:

Subject had been in an altercation with his wife. According to her he had choked her, hit her and fired a firearm at her. He had left the scene prior to Deputies arrival. He was found later on and had a Warrant for Motion To Revoke Probation of a previous drug charge. A case was filed against him the next day for Aggravated Assault With a Deadly Weapon.

He had been placed on suicide watch for the first couple of days in jail. The Justice of The Peace had taken him off of Suicide Watch after speaking with him and did not think he was at risk any longer.

On 04/21/2020 at about 3:45PM he hung himself with a bed sheet by tying it to his bed and around his neck. He kneeled down and cut off his air supply causing Asphyxia from hanging.

He was transported by EMS to our local hospital and he was pronounced as deceased on 04/21/2021 at 4:04pm.

The Jail Commission and Texas Rangers were notified immediately and Texas Ranger Dominic Zuniga worked the case and attended the autopsy.