KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-729-C	Version Type:	AMENDED
Report Date:	1/14/2022 9:50 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Lufkin Police Dept.	Agency Address:	PO Drawer 190
Agency City:	Lufkin	Agency State:	TX
Agency Zip:	75902		

Director Information

Director Salutation:	Chief	Director First Name:	David
Director Middle Name:			
Director Last Name:	Thomas		
Reporter Name:	David Cross	Reporter Email:	buddycross@lufkinpolice.com

Decedent Information

Identity of Deceased

First Name: Derrick

Middle Name: Delane

Last Name: Wilson

Suffix:

Date of Birth: 10/18/1990

Sex: Male

Race: Black or African American

Age At Time Of Death: 30

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

Date/Time of Custody or Incident: 6/16/2021 1:11 AM

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

Death Date and Time: 6/16/2021 2:18 AM

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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Combined Drug Toxicity (Methamphetamine, Cocaine, Eutylone)

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?: 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?: 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:	1919 Hill Street	City:	Lufkin
County:	Angelina	Zip:	75901

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: Police Custody (pre-booking)

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:

Entry Date Time N/A: ✓

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:

Public Intoxication

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:

complainant reported that male subject was inside the residence breaking things, officers encountered him outside and he was showing signs of intoxication

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?:	No
Exhibit any mental health problems?:	No	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:	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs; Leg Shackles

Summary of Incident

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

Summary:

On 06/16/2001 at 12:49am officers of the Lufkin Police Department were dispatched to 1919 Hill St regarding a "mixed white and black" male, on scene "breaking things inside the residence". The complainant reported the person as being Derrick Wilson, and gave a description of him. Complainant reported that Wilson was "intoxicated on alcohol and/or drugs". As officers were responding to the scene, communications reported that Wilson had a possible traffic warrant for his arrest. Officers arrived on scene and located Wilson at a neighboring house. Wilson was showing signs of intoxication (heavy sweating, slurred and erratic speech, unsteadiness, and verbal admissions of "I am intoxicated", as described by the complainant. Wilson voluntarily put his hands behind his back without being prompted by officer and Wilson was taken into custody without incident. As the officers were taking Wilson to a patrol vehicle, Wilson became erratic and uncooperative. Wilson kneeled to the ground and demanded water. Officers had the complainant bring water and offer it to him. Wilson refused the water from the complainant. Wilson's behavior was consistent with signs of excited delirium, therefore officers requested a med unit respond. Wilson was conscious and breathing during the wait period for the medical unit to arrive. Wilson was communicating with the officers, although it was sporadic and made little to no sense. Officers used no Use of Force, outside handcuffs and leg restraints to control Wilson. Wilson remained in the recovery position throughout the wait period. Once the

med unit arrived on scene, Wilson was taken to CHI St. Luke's Hospital. Wilson was conscious, breathing, and speaking to EMS and officers while he was being taken inside the hospital. Officers stood by while the medical staff began their medical treatment. While medical staff treated Wilson, Wilson remained in handcuffs and leg restraint to restrict his kicking and jerking around. Wilson started spitting at medical staff and officers, therefore a spit mask was put on Wilson. Wilson was given medication, via shot, by medical staff to calm his behavior and curve the aggressiveness. Once Wilson began to calm, officers relocated the handcuffs to each side of Wilson's person (each arm handcuffed to each side of the bed) to position Wilson for better medical treatment. The medical staff monitored Wilson and found where his vitals were lowering and called a code blue to his room. Wilson was pronounced dead at 0218 on 6/16/21.
Supplement 01-14-22 by Asst. Chief David Cross- Forensic Pathologist Report received 10-12-21 by JP Billy Ball. 21-0563BMT Forensic Medical Management Services in Beaumont, Tx conducted the Autopsy. Cause of Death - Combined Drug Toxicity (Methamphetamine, Cocaine, Eutylone) , Manner of Death - Accident.
END OF REPORT