KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-1270-CJ	Version Type:	ORIGINAL VERSION
Report Date:	9/21/2022 3:52 PM	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:	Cody Schlageter	Reporter Email:	cody.schlageter@co.galveston.tx.us

Decedent Information

Identity of Deceased

First Name:	Broderick
Middle Name:	Demoures
Last Name:	Davis
Suffix:	
Date of Birth:	3/9/1982
Sex:	Male
Race:	Black or African American
Age At Time Of Death:	40

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

Date/Time of Custody or Incident:	9/4/2022 4:25 AM

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

Death Date and Time:	9/4/2022 5:11 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 pending

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

Manner of Death:	Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

pending autopsy

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?:	Unknown whether decedent sustained a fatal injury

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?:	Unknown

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?:	Could not be determined

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

Means of Death:	Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	5700 Ave H	City:	Galveston
County:	Galveston	Zip:	77550

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:
Correctional/Rehabilitation Facility

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:	9/4/2022 12:04 AM

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?:	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:

Sexual Assault

Offense 2:

Fail to Identify Giving False Fictitious Info

Offense 3:

Unserve Bond Conditions Hold

Were the Charges:: Filed

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: 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?:	Unknown	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?:	Yes

Physically attempt/assault officer(s):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	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:

In an attempt to place hand restraints on the inmate, he was placed on the ground by deputies. After the restraints were applied, the inmate continued to resist and deputies attempted to control him on the ground. While on the ground, deputies noticed that the inmate became unresponsive and on-scene jail medical staff responded. Additional jail medical staff were called, along with EMS/first responders. The inmate was transported to an area hospital were he was later pronounced to be deceased.