KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 22-986-C | Version Type: | ORIGINAL VERSION |
| Report Date: | 7/21/2022 11:55 AM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Dickinson Police Dept. | Agency Address: | 4000 Liggio |
| Agency City: | Dickinson | Agency State: | TX |
| Agency Zip: | 77539 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Chief | Director First Name: | Ron |
| Director Middle Name: | | | |
| Director Last Name: | Morales | | |
| Reporter Name: | Frank Price | Reporter Email: | fprice@ci.dickinson.tx.us |

## Decedent Information

### Identity of Deceased

First Name: Kenneth

Middle Name: Wayne

Last Name: Johnson

Suffix:

Date of Birth: 11/6/1968 Sex: Male

Race: Black or African American

Age At Time Of Death: 53

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

Date/Time of Custody or Incident: 7/13/2022 9:04 AM

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

Death Date and Time: 7/13/2022 10:04 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)

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|---|---|
| Manner of Death: | Pending autopsy results |

## Medical Cause of Death:

| Medical Cause of Death: |
|---|
| Pending |

## 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?

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| Pre existing medical condition?: | Could not be determined |

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

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| Means of Death: | Other, specify |
| Means of Death Other: | Appeared to be medical condition. |

# Location / Custody Information

## Where did the event causing the death occur?

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|---|---|---|---|
| Street Address: | 3500 IH 45 | City: | Dickinson |
| County: | Galveston | Zip: | 77539 |

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

Location Category: Roadway/highway/street/sidewalk

## 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:

Custody of Law Enforcement Personnel during/fleeing arrest

## 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: 7/13/2022 10:04 AM

## Where did the death occur?

Death Location: Scene of incident

# 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:

Disorderly Conduct

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: Medical / Mental Health assistance call

## 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?: | Yes | 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): | 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?

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| 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:

Officers were called to 3500 Block of IH45 where a naked male was walking in the lanes of traffic. Officers arrived and found the male walking north in the southbound lanes of traffic. The male was completely nude, and trying to open doors of other vehicles. Officer detained and handcuffed the male, and immediately called for an ambulance. The male was displaying symptoms of excited delirium. Officers placed the male into his left side into the recovery position. While EMS was on-scene beginning treatment the male stopped breathing. EMS personnel began CPR and transported the male to a local hospital. Officer spoke to a friend of the male, who stated the deceased had taken an unknown narcotic at a location in Houston. This witness said that the deceased began the erratic behavior while in the car driving from Houston to Galveston.