KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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| CDR Number: | 23-1587-C | Version Type: | AMENDED |
| Report Date: | 5/31/2024 10:35 AM | Status: | Submitted |

### Agency/Facility Information

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| Agency Name: | Texas Department Of Public Safety | Agency Address: | PO BOX 4087 |
| Agency City: | Austin | Agency State: | TX |
| Agency Zip: | 78773 | | |

### Director Information

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|---|---|---|---|
| Director Salutation: | Director | Director First Name: | Steven |
| Director Middle Name: | C | | |
| Director Last Name: | McCraw | | |
| Reporter Name: | Joanne Scarbrough | Reporter Email: | joanne.scarbrough@dps.texas.gov |

## Decedent Information

### Identity of Deceased

First Name: Michael

Middle Name: Scott

Last Name: Scnear

Suffix:

Date of Birth: 4/30/1970 Sex: Male

Race: Anglo or White

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: 11/15/2023 11:56 PM

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

Death Date and Time: 11/16/2023 3:57 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: Accidental

## Medical Cause of Death:

Medical Cause of Death:

Toxic effects of Fentanyl, Methamphetamine, and Cocaine

## 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?: 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?

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| Street Address: | 1500 Red River Street | City: | Austin |
| County: | Travis | Zip: | 78701 |

## 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:

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:

Possession of Methamphetamine-SJF

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:

Traffic 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?: No

Exhibit any mental health

| | | | |
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| problems?: | No | Exhibit any medical problems?: | Yes |

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

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| 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?

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| Under Restraint: | Yes, mark which restraint devices were used |

### Type of restraint

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|---|---|
| Type of Restraint: | Handcuffs |

# Summary of Incident

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

Summary:

On November 15, 2023, at approximately 11:56 PM, a DPS Trooper stopped Michael Scnear for an expired registration. The Trooper noticed a crystal like residue on Mr. Scnear's shirt and conducted a probable cause search. Mr. Scnear was arrested for possession of methamphetamine (<1g). Mr. Scnear denied having taken any drugs. On the way to the jail, Mr. Scnear appeared to seize so the DPS Trooper diverted to the nearest hospital. Upon arrival, Mr. Scnear was unresponsive and barely breathing. Emergency Room staff administered NARCAN and performed CPR on him numerous times. Mr. Scnear later died.