KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1801-CJ	Version Type:	ORIGINAL VERSION
Report Date:	1/11/2024 10:10 AM	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: DAVID

Middle Name: GEORGE

Last Name: VALREY

Suffix:

Date of Birth: 2/12/1940 Sex: Male

Race: Anglo or White

Age At Time Of Death: 83

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

Date/Time of Custody or Incident: 12/13/2023 12:58 AM

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

Death Date and Time: 12/13/2023 12:58 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)

Pending autopsy

Manner of Death:	results

Medical Cause of Death:

Medical Cause of Death:

Pending results from Galveston County ME's Office.

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?:	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?:	Pre-existing medical condition

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

Means of Death:	Not applicable, cause of death was illness/natural cause

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:
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:	8/20/2023 1:29 AM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

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:

Murder

Offense 2:

N/A

Offense 3:

N/A

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: Unknown

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

Attempt to Injure Others?: Unknown

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

Appear intoxicated (alcohol or drugs): No

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?:	Unknown
Physically attempt/assault officer(s):	Unknown	Gain possession of officer's weapon:	Unknown
Verbally threaten other(s) including law:	Unknown	Escape or attempt to escape/flee custody:	Unknown
Attempt gain possession officer's weapon:	Unknown		

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:

On 12/13/2023 at approximately 12:24 a.m. inmate David Varley was found unresponsive in his cell. Jail and medical staff responded and began life saving measures. First responders arrived shortly after to assist and after being unsuccessful to revive, inmate Varley was declared deceased at 12:58 a.m. by first responders.