KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-423-CJ	Version Type:	AMENDED
Report Date:	8/22/2023 11:11 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Travis County Sheriff's Dept.	Agency Address:	5555 Airport Blvd.
Agency City:	Austin	Agency State:	TX
Agency Zip:	78751		

Director Information

Director Salutation:	Sheriff	Director First Name:	Sally
Director Middle Name:			
Director Last Name:	Hernandez		
Reporter Name:	Allisia Redus	Reporter Email:	allisia.redus@traviscountytx.gov

Decedent Information

Identity of Deceased

First Name: Timothy

Middle Name: Ray

Last Name: Roberts

Suffix:

Date of Birth: 12/19/1995

Sex: Male

Race: Black or African American

Age At Time Of Death: 27

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

Date/Time of Custody or Incident: 4/16/2023 5:03 PM

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

Death Date and Time: 4/16/2023 7:19 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: Homicide (includes Justifiable

Homicide)

Medical Cause of Death:

Medical Cause of Death:

The combined effects of cocaine toxicity, morbid obesity, and physiological stress associated with restraint. The Deputy Medical Examiner qualified if the actions of other persons contributed to or potentially hastened death, even if the actions constituted less than 1% of factors contributing to death, the manner of death is classified as a homicide.

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?:	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?:	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:	Other, specify
Means of Death Other:	The combined effects of cocaine toxicity, morbid obesity, and physiological stress associated with restraint.

Location / Custody Information

Where did the event causing the death occur?

Street Address:	500 W 10th St	City:	Austin
County:	Travis	Zip:	78701

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 - holding 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:	4/16/2023 6:08 PM

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?: 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:

Parole Violation

Offense 2:

Offense 3:

Were the Charges:: A probation/parole violation

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of 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 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?

Under Restraint:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs; Leg Shackles; Other device, specify
Other device, specify:	Partially secured in Emergency Restraint Chair for safe transport to isolation cell

Summary of Incident

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

Summary:

At approximately 5:30pm on April 16, 2023, the decedent, was brought into the Travis County Central Booking Facility by Austin Police charged with a parole violation. He completed the intake process without incident at 6:08pm.

While awaiting completion of the booking process he became unresponsive. TCSO Medical Staff and Officers, EMS personnel, and Fire personnel attempted life saving measures which were ultimately unsuccessful. The decedent was pronounced deceased at 7:19pm.

The Travis County Medical Examiner's Office declared the manner of death as homicide citing the cause of death was the combined effects of cocaine toxicity, morbid obesity, and physiological stress associated with restraint. The Deputy Medical Examiner qualified if the actions of other persons contributed to or potentially hastened death, even if the actions constituted less than 1% of factors contributing to death, the manner of death is classified as a homicide.