KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-605-UF	Version Type:	ORIGINAL VERSION
Report Date:	5/30/2023 11:05 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Hill County Sheriff's Office	Agency Address:	PO BOX 283
Agency City:	Hillsboro	Agency State:	TX
Agency Zip:	76645		

Director Information

Director Salutation:	Sheriff	Director First Name:	Rodney
Director Middle Name:	B		
Director Last Name:	Watson		
Reporter Name:	Rodney Watson	Reporter Email:	sheriff@co.hill.tx.us

Decedent Information

Identity of Deceased

First Name: Rodney

Middle Name:

Last Name: Banik

Suffix:

Date of Birth: 7/23/1983 Sex: Male

Race: Anglo or White

Age At Time Of Death: 39

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

Date/Time of Custody or Incident: 4/27/2023 7:54 PM

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

Death Date and Time: 4/27/2023 7:54 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 pending

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

Manner of Death: Homicide (includes Justifiable

Homicide)

Medical Cause of Death:

Medical Cause of Death:

Multiple gun shot wounds (Head and Torso)

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?:	Law enforcement/correctional personnel

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?:	Handgun

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:	Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address: 712 Harrel Ave
City: Bynum
County: Hill
Zip: 76631

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

Location Category: Residence/Home

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Pre-Custodial Use of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

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: 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:

Aggravated Sexual Assault of a Child (Arrest Warrant)

Offense 2:

Aggravated Assault on a Public Servant

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:	Crimes Against Child(ren)

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:	Yes, mark all that apply
Decedent Display or Use Weapon Details:	Displayed firearm without discharge

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

Yes (select all that

Attempt to Injure Others?:	apply)
Ways Decedent Attempted To Injure Others:	Attempted to injure law enforcement personnel

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

Appear intoxicated (alcohol or drugs):	Unknown	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	Exhibit any medical problems?:	No

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

Barricade self or initiate standoff?:	Yes	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:	Yes	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:	No

Summary of Incident

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

Summary:

Deputies responded to the location in an attempt to serve an arrest warrant for Aggravated Sexual Assault of a Child. Decedent answered the front door of his residence with a holstered sidearm on his right hip. When asked to step outside to speak with the deputies, the Decedent refused and drew his handgun, pointing it towards Deputies. Deputies drew their agency issued sidearms and fired upon the Decedent, striking him several times (head and torso). The Decedent fell into his residence and the front door partially closed; not knowing the condition of the Decedent, deputies retreated to cover. SWAT and Negotiators responded to

what was, at the time, considered to be a barricaded person. After repeated, unsuccessful attempts were made to contact the Decedent, SWAT deputies made entry into the residence, finding the Decedent just inside of the front door.