KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-621-C	Version Type:	AMENDED
Report Date:	1/2/2024 10:37 AM	Status:	Submitted

Agency/Facility Information

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

Director Information

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: Bradley

Middle Name: Terrill

Last Name: Givens

Suffix:

Date of Birth: 8/29/1973

Sex: Male

Race: Black or African American

Age At Time Of Death: 49

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

Date/Time of Custody or Incident: 5/7/2023 9:30 PM

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

Death Date and Time: 5/7/2023 10:15 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: Natural

Medical Cause of Death:

Medical Cause of Death:

Acute chest syndrome

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Not Applicable

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?: Could not be determined

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

Means of Death: Other, specify

Means of Death Other: pending autopsy results

Location / Custody Information

Where did the event causing the death occur?

Street Address:	1600 W. Clements Street	City:	Odessa
County:	Ector	Zip:	79763

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

Location Category: Parking lot/garage

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 subsequent to 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:

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:

Public Intoxication

Offense 2:

Resisting Arrest

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?:	Yes (select all that 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):	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?:	No
Physically attempt/assault officer(s):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	No	Escape or attempt to escape/flee custody:	Yes
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:	RIPP restraint

Summary of Incident

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

Summary:

Department of Public Safety Troopers Frank McCullough and Thomas Flores observed a vehicle parked in the northbound outside lane of travel on County Road West (FM 1882) at MM 331 in Odessa, Ector County,

Texas.

While checking the vehicle, they observed Bradley Givens lying in the driveway yelling and kicking. Givens requested medical attention. While awaiting EMS personnel, Givens yelled loudly and made statements consistent with a person intoxicated on a CNS stimulant. Givens had a dried substance that could have been blood or heroin on and in his mouth.

When EMS arrived, Givens ran away until he became unstable and fell. While EMS was evaluating him, Givens yelled, kicked, and resisted before he became quiet and unresponsive. EMS personnel began CPR and other lifesaving measures. Givens was transported to Odessa Medical Center Hospital where he was later pronounced dead.