KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 24-1468-UF | Version Type: | ORIGINAL VERSION |
| Report Date: | 10/22/2024 11:28 AM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Fort Worth Police Dept. | Agency Address: | 505 W. Felix St. |
| Agency City: | Fort Worth | Agency State: | TX |
| Agency Zip: | 76115 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Chief | Director First Name: | Neil |
| Director Middle Name: | | | |
| Director Last Name: | Noakes | | |
| Reporter Name: | Jesse Contreras | Reporter Email: | jesse.contreras@fortworthtexas.gov |

## Decedent Information

### Identity of Deceased

First Name: Brant

Middle Name: David

Last Name: Nickell

Suffix:

Date of Birth: 9/11/1966 Sex: Male

Race: Anglo or White

Age At Time Of Death: 58

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

Date/Time of Custody or Incident: 9/23/2024 7:21 PM

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

Death Date and Time: 9/23/2024 7:21 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: Pending autopsy results

## Medical Cause of Death:

Medical Cause of Death:

pending results

## 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?: 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: 4800 selkirk dr
City: fort worth
County: Tarrant
Zip: 76109

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

Location Category: Other, specify

Other Location Category:

Neighborhood storm drain

## 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?: | 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: |
| Emergency Mental Application | |
| | 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)

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|---|---|
| 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?

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|---|---|
| Decedent display/use of weapons: | Yes, mark all that apply |
| Decedent Display or Use Weapon Details: | Discharged firearm |

## 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 | Attempted to injure |

| | |
|---|---|
| Injure Others: | 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?: | Yes |
| 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?: | Yes | 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: | 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:

Fort Worth Officers were called in reference to a suicidal person. The officers were told the deceased had a gun and he wanted to kill himself. The officer found the deceased in a storm drainage ditch. The officers gave verbal commands to the deceased to drop the gun. The deceased pointed his gun at the officers. The officers fired at the deceased three times and struck him in the side of the torso one time. The deceased then put his gun to his right temple and shot himself. He was pronounced deceased on the scene.