KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-1615-C	Version Type:	ORIGINAL VERSION
Report Date:	12/12/2024 9:12 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Texas City Police Dept.	Agency Address:	1004 9th Ave. North
Agency City:	Texas City	Agency State:	TX
Agency Zip:	77590		

Director Information

Director Salutation:	Chief	Director First Name:	Landis
Director Middle Name:			
Director Last Name:	Cravens		
Reporter Name:	Manuel Johnson	Reporter Email:	mjohnson@texascitytx.gov

Decedent Information

Identity of Deceased

First Name: Derrick

Middle Name: Dwayne

Last Name: Glenn

Suffix:

Date of Birth: 12/13/1976 Sex: Male

Race: Black or African American

Age At Time Of Death: 47

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

Date/Time of Custody or Incident: 12/10/2024 11:29 AM

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

Death Date and Time: 12/10/2024 12:12 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 autopsy results

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?:	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?:	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?:	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:	Other, specify
Means of Death Other:	Attempted to swallow package containing approximately 18 grams of substance. Possibly choked.

Location / Custody Information

Where did the event causing the death occur?

Street Address: 437 Oak St
City: Texas City
County: Galveston
Zip: 77591

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

Location Category: Roadway/highway/street/sidewalk

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: Medical facility

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:

Tamper/Fabricate Physical Evidence

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)

Type of Offense: Alcohol / drug 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):	Unknown	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?:	No
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

Summary of Incident

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

Summary:

Officer stepped out on decedent who was walking on the wrong side of the road. The decedent began jay walking and put something into his mouth. The officer secured him in hand restraints and walked him back to the front of the patrol unit. The decedent appeared in medical distress and the officer called EMS to the scene. EMS began CPR and transported the decedent to the emergency room. While en route EMS removed packaging containing approximately 18 grams of substance from the decedent's throat. Medical staff inside the emergency room declared the decedent deceased. It was suggested the decedent possibly choked on the

packaged substance he was trying to swallow. The Galveston County Medical Examiner's Office completed an autopsy, and the results are pending toxicology result.