KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-1651-UF	Version Type:	ORIGINAL VERSION
Report Date:	12/20/2024 11:29 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Lipscomb County Sheriff's Office	Agency Address:	PO BOX 120
Agency City:	Lipscomb	Agency State:	TX
Agency Zip:	79056		

Director Information

Director Salutation:	Sheriff	Director First Name:	Ty
Director Middle Name:			
Director Last Name:	Lane		
Reporter Name:	TY LANE	Reporter Email:	tlane@lipscombso.com

Decedent Information

Identity of Deceased

First Name: RUSTIN

Middle Name: LEE

Last Name: BURKE

Suffix:

Date of Birth: 11/21/1984 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: 8/26/2024 7:20 PM

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

Death Date and Time: 8/26/2024 8:21 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: Homicide (includes Justifiable

Homicide)

Medical Cause of Death:

Medical Cause of Death:

GUN SHOT WOUNDS

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?:	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:	341 S. MAIN SREET	City:	FOLLETT
County:	Lipscomb	Zip:	79034

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: 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: Medical facility

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:

BURGLARY PC. 30.02

Offense 2:

ASSAULT PC. 22.01

Offense 3:

TAKING OR ATTEMPTING TO TAKE WEAPON FROM PEACE OFFICER PC.38.14

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: Crime Against Property

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?:	Unknown
Exhibit any mental health problems?:	Unknown	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?:	No	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:	Unknown	Escape or attempt to escape/flee custody:	No
Attempt gain possession officer's weapon:	Yes		

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:

ON 08/26/2024 MR. BURKE USED AN ATV TO RAM THE FRONT DOORS OF FOLLET FOOD MART AND ENTERED TAKING MULTIPLE ITEMS. WHEN LAW ENFORCEMENT RESPONDED, MR. BURKE ATTACKED THE DEPUTY RESULTING IN MR. BURKE BEING SHOT. WHILE ATTEMPTING TO HANDCUFF MR. BURKE, HE ATTEMPTED TO TAKE THE DEPUTY'S WEAPON AND RESISTED BEING RESTRAINED. MR. BURKE CONTINUED TO BE ASSAULTIVE WHILE BEING TRANSPORTED FOR MEDICAL TREATMENT. MR. BURKE DIED AS A RESULT OF HIS INJURIES. TOXICOLOGY REPORT IS STILL PENDING.