KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-1693-UF	Version Type:	ORIGINAL VERSION
Report Date:	1/10/2025 1:38 PM	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:	Freeman
Director Middle Name:			
Director Last Name:	Martin		
Reporter Name:	Joanne Scarbrough	Reporter Email:	joanne.scarbrough@dps.texas.gov

Decedent Information

Identity of Deceased

First Name: Charles

Middle Name: Williams

Last Name: McCauley

Suffix:

Date of Birth: 3/4/1988 Sex: Male

Race: Anglo or White

Age At Time Of Death: 36

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

Date/Time of Custody or Incident: 12/28/2024 6:42 PM

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

Death Date and Time: 12/28/2024 6:42 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)

Homicide (includes

Manner of Death:	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?:	Rifle/shotgun

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: 936 FM 82 East
City: Kirbyville
County: Jasper
Zip: 75956

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:
Family Violence	
	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:	Violent Crime Against Persons

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; Discharged firearm

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; Attempted to injure civilian(s) or other inmate(s)

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?:	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?:	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:	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:

On 12/28/2024, a single Highway Patrol Trooper, Jasper County Deputy, and a Kirbyville Police Officer responded to a family disturbance call in Jasper County. The suspect was reported to have a weapon and was trying to break into the front door of the home and had discharged multiple rounds in the back yard prior

to police arrival. Officers arrived to find the suspect, a W/M in a motorized wheelchair with a long gun on the front porch of the house. The suspect was engaged in a physical struggle with a younger W/M, who was trying to disarm the suspect, when the officers first arrived. The suspect drove his motorized wheelchair closer to the officers and pointed the weapon in their direction. A DPS Trooper and Kirbyville Police Officer discharged their weapons at the suspect. The suspect was pronounced dead at the scene. Family indicated that subject had consumed a large amount of alcohol, had suffered from PTSD and had medical issues leaving him confined to a wheelchair and had made suicidal statements prior to law enforcement arrival on scene.