KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-373-PF	Version Type:	ORIGINAL VERSION
Report Date:	3/28/2024 8:34 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	University of Texas System Police	Agency Address:	210 West 7th Street
Agency City:	Austin	Agency State:	TX
Agency Zip:	78701		

Director Information

Director Salutation:	Director	Director First Name:	Michael
Director Middle Name:			
Director Last Name:	Heidingsfield		
Reporter Name:	Chad Garton	Reporter Email:	cgarton@utsystem.edu

Decedent Information

Identity of Deceased

First Name: Laison

Middle Name: Jarvus

Last Name: Crenshaw

Suffix:

Date of Birth: 6/21/1986

Sex: Male

Race: Black or African American

Age At Time Of Death: 37

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

Date/Time of Custody or Incident: 2/22/2024 1:35 AM

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

Death Date and Time: 2/27/2024 11:19 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)

Homicide (includes

Manner of Death:	Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

Combined effects of hypertensive cardiovascular disease associated with obesity and physiologic effects of restraint.

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

Medical Treatment:	Unknown

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?:	Unknown whether decedent sustained a fatal injury

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?:	Pre-existing medical condition

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

Means of Death:	Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	1500 Red River Street	City:	Austin
County:	Travis	Zip:	78701

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

Location Category: Other, specify

Other Location Category:

Hospital

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Private Facility

Specific type of custody/facility:

Specific Type of Custody/Facility:

Hospital/Infirmary

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:

Assault on Hospital Personnel Felony 3

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; 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:	Injured law enforcement personnel; 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):	Unknown	Make suicidal statements?:	Unknown
Exhibit any mental health problems?:	Yes	Exhibit any medical problems?:	Unknown

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):	No	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:	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:

On 02/22/2024 at 0131 hours, University of Texas at Austin Police Department responded to an Assault on Hospital Personnel (private security officers) at Dell Seton Medical Center. The hospital intercom system reported a physical disturbance between the hospital's private security officers and the deceased. The deceased was taken into custody for assault and became unresponsive. Life saving measures were implemented on scene. The decedent was taken to ICU in critical condition. On 02/27/2024, the decedent passed away and autopsy was performed by the Travis County Medical Examiner's Office. Autopsy shows cause of death as combined effects of hypertensive cardiovascular disease associated with obesity and physiologic effects of restraint.