KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-89-UF	Version Type:	AMENDED
Report Date:	2/23/2024 1:41 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Corpus Christi Police Dept.	Agency Address:	PO Box 9277
Agency City:	Corpus Christi	Agency State:	TX
Agency Zip:	78469		

Director Information

Director Salutation:	Chief	Director First Name:	Mike
Director Middle Name:			
Director Last Name:	Markle		
Reporter Name:	Weldon Weber	Reporter Email:	weldonw@corpuschristitx.gov

Decedent Information

Identity of Deceased

First Name: Alfred

Middle Name: Lee

Last Name: Martinez

Suffix:

Date of Birth: 4/25/1979 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 44

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

Date/Time of Custody or Incident: 1/12/2024 4:00 PM

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

Death Date and Time: 1/12/2024 5:51 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)

Manner of Death: Homicide (includes Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

"...died as the result of a gunshot wound of head."

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:	902 Nueces Bay Blvd	City:	Corpus Christi
County:	Nueces	Zip:	78407

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

Location Category: Business

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:

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:
Arrest Warrant - Continuous Sexual Abuse of a Child	
	Offense 2:
Resisting Arrest	
	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; Crimes Against Child(ren)

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

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):	No	Make suicidal statements?:	Yes
Exhibit any mental health problems?:	Yes	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:	No	Escape or attempt to escape/flee custody:	Yes
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 January 12, 2024, at approximately 1600hrs, Officers were at the Good Samaritan Rescue Mission, 902 Nueces Bay Blvd, attempting to locate the decedent in order to serve a felony arrest warrant. Upon contacting the decedent, officers attempted to handcuff him, and a struggle ensued. During the struggle, the decedent attempted to retrieve a handgun from his jacket. One officer drew his weapon and discharged it at the decedent in defense of himself and his partner, to neutralize the threat. The decedent was struck in his head and expired at a local hospital.