KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-643-C	Version Type:	ORIGINAL VERSION
Report Date:	8/20/2026 11:49 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	San Jacinto County Sheriffs Office	Agency Address:	75 West Cedar Ave
Agency City:	Coldspring	Agency State:	TX
Agency Zip:	77331		

Director Information

Director Salutation:	Sheriff	Director First Name:	Sam
Director Middle Name:			
Director Last Name:	Houston		
Reporter Name:	RONNY TAYLOR	Reporter Email:	rtaylor@sjc-so.us

Decedent Information

Identity of Deceased

First Name: Antoine

Middle Name:

Last Name: Johnson

Suffix:

Date of Birth: 11/17/1985 Sex: Male

Race: Black or African American

Age At Time Of Death: 40

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

Date/Time of Custody or Incident: 8/9/2026 1:56 PM

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

Death Date and Time: 8/9/2026 2:57 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)

Pending autopsy

Manner of Death: results

Medical Cause of Death:

Medical Cause of Death:

Autopsy Pending

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?: Not applicable

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?: Could not be determined

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:	US Hwy 59 @ Shag Ln.	City:	Shepherd
County:	San Jacinto	Zip:	77371

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?: 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:

Felony DWI

Offense 2:

Felon in Possession of Firearm

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; Other, specify; Crimes Against Child(ren)

Type of Offense, Other:

Possession of a Weapon

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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	Unknown	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?:	Yes
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:	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs; Other device, specify
Other device, specify:	Medical Restraints

Summary of Incident

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

Summary:

On August 09, 2026, at approximately 13:56 hours the decedent was involved in a motor vehicle crash and fled the scene with two minor children. Law enforcement engaged the decedent and during the arrest he was subjected to a less-lethal conducted electrical weapon. EMS was requested, and while waiting on EMS decedent began exhibiting medical issues. Shortly after arrival at the hospital, he was pronounced deceased (14:57 hours).