KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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| CDR Number: | 26-683-UF | Version Type: | AMENDED |
| Report Date: | 8/31/2026 9:24 AM | Status: | Submitted |

### Agency/Facility Information

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|---|---|---|---|
| Agency Name: | Texas Department Of Public Safety | Agency Address: | PO BOX 4087 |
| Agency City: | Austin | Agency State: | TX |
| Agency Zip: | 78773 | | |

### Director Information

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|---|---|---|---|
| Director Salutation: | Director | Director First Name: | Freeman |
| Director Middle Name: | | | |
| Director Last Name: | Martin | | |
| Reporter Name: | Melinda Grieves | Reporter Email: | melinda.grieves@dps.texas.gov |

## Decedent Information

### Identity of Deceased

First Name: Rober

Middle Name: Wilson

Last Name: McNally

Suffix:

Date of Birth: 4/4/1980 Sex: Male

Race: Anglo or White

Age At Time Of Death: 46

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

Date/Time of Custody or Incident: 8/15/2026 3:55 PM

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

Death Date and Time: 8/15/2026 5:08 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:

Gunshot Wounds

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

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| Medical Treatment: | Not Applicable |

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

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| 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)

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| 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?

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| 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?

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| Means of Death: | Firearm |

# Location / Custody Information

## Where did the event causing the death occur?

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| Street Address: | 11016 Ingram Street | City: | Brownsboro |
| County: | Henderson | Zip: | 75756 |

## 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:

Custody of Law Enforcement Personnel during/fleeing 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:

Aggravated Assault With a Deadly Weapon

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: 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: 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?: Unknown

## 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?: Yes

| | | | |
|---|---|---|---|
| Exhibit any mental health problems?: | Unknown | Exhibit any medical problems?: | Unknown |

### At any time during the incident and/or entry into the law enforcement facility, did the decedent:

| | | | |
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| Barricade self or initiate standoff?: | Yes | Resist being handcuffed or arrested?: | Unknown |
| Physically attempt/assault officer(s): | Yes | 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?

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| Under Restraint: | No |

## Summary of Incident

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

Summary:

On August 15, 2026, law enforcement officers responded to a suicidal person in the 11000 block of Ingram Street in Brownsboro, TX. Once on scene, officers observed the suicidal subject retrieve a firearm. An officer directed the suspect to drop his weapon. The suspect refused to obey. The suspect raised his rifle and pointed it at the officer. Fearing his life was in imminent danger, the officer shot the suspect. Officers provided the suspect medical care until emergency medical
services personnel arrived. The suspect was transported by ambulance to a local hospital where he was later pronounced deceased.