KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16112C	Report Date:	3/16/2016 10:43 AM
Status:	Submitted		

Agency/Facility Information

Department ID:	654	Department Type:	SHERIFF
Agency Name:	Parker County Sheriff\'s Dept.	Agency Number:	TX1840000
Agency Phone:	8175948845	Agency Address:	129 Hogle St.
Agency City:	Weatherford	Agency County:	Parker
Agency State:	TX	Agency Zip:	76086

Director Information

Director Salutation:

Sheriff

Director First Name:

Larry

Director Middle Name:

Director Last Name:

Fowler

Reporter Name: mark.arnett Reporter Email: mark.arnett@parkercountytx.com

Location / Custody Information

Where did the event causing the death occur?

Street Address: I-20 NSR 419MM

City: Willow Park

County: Parker

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 Peace Officer during/fleeing arrest

Custody Type Facility:

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: At the crime/arrest scene

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Charles

Middle Name: Thomas

Last Name: Sellers

Suffix: Jr

Date of Birth: 12/2/1977 Sex: Male

Ethnicity: Anglo

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

Death Date and Time: 3/15/2016 11:33 PM

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

Date/Time of Custody or Incident:

3/15/2016 10:20 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:

Suicide

Manner of Death Description:

Death Reason:

Injuries only

Medical Cause of Death:

Medical Cause of Death:

gunshot wound

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?:

Deceased

Death Causer Other:

If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

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

General Information

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:

Driving While Intoxicated

Offense 2:

Offense 3:

Were the Charges::

Not filed at time of death

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by Suicide

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

Appear intoxicated (alcohol or drugs):	Yes	Exhibit any mental health problems?:	
Exhibit any medical problems?:			

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

Threaten the officer(s) involved:	No	Resist being handcuffed or arrested?:	No
Try to escape/flee from custody:	No	Grab, hit or fight with the officer(s):	No

Other Behavior:

☐

Specify Other Behavior:

Use weapon threaten/assault officer(s):	0

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:

Subject stoped on DWI investigation. Shot himself.