KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16204C	Report Date:	5/17/2016 6:14 PM
Status:	Submitted		

Agency/Facility Information

Department ID:	250	Department Type:	POLICE
Agency Name:	El Paso Police Dept.	Agency Number:	TX0710200
Agency Phone:	9155647308	Agency Address:	911 N. Raynor
Agency City:	El Paso	Agency County:	El Paso
Agency State:	TX	Agency Zip:	79903

Director Information

Director Salutation:

Chief

Director First Name:

Gregory

Director Middle Name:

K.

Director Last Name:

Allen

Reporter Name:	Detective Carlos Armendariz	Reporter Email:	2719@elpasotexas.gov

Location / Custody Information

Where did the event causing the death occur?

Street Address: 10929 Dizzy Dean Pl

City: El Paso

County: El Paso

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 medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Arthur

Middle Name:

Last Name: Williams

Suffix: Jr

Date of Birth: 9/5/1982 Sex: Male

Ethnicity: African-American

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

Death Date and Time: 5/9/2016 12:53 PM

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

Date/Time of Custody or Incident:

5/9/2016 11:40 AM

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:

Justifiable Homicide

Manner of Death Description:

Death Reason:

Injuries only

Medical Cause of Death:

Medical Cause of Death:

Multiple gunshot wounds

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 staff

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; Rifle/Shotgun

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:

Aggravated Assault (Public Servant)

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 Officer

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):	1

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:

Officers were dispatched to 10929 Dizzy Dean Place in reference to a subject with a gun. Responding Officers arrived on the scene and met with the reporter (mother of the decedent) who advised that her son was inside the residence waving a gun. Officers from the front yard were yelling out verbal commands to the decedent who was observed to be inside an upstairs bedroom. Officers instructed the decedent to exit the residence to check on his welfare. The decedent advised that he was not leaving the house. Officer asked the

decedent if he had a gun with him, the decedent yelled back that he did have a gun. The mother of the decedent was asked by the officers if she would make contact by phone and ask her son to exit the house to speak to the Officers. Mother was able to reach her son and pleaded with her son (decedent) to exit the house to speak to the Officers. During the phone conversation the decedent swung open the front door of the residence and ran onto the front yard waiving a hand gun, Officers gave repeated verbal commands to the decedent to drop the hand gun, decedent came closer to the officers, and the officers discharged their weapon striking the decedent. The decedent fell to the ground where he was disarmed and provided medical attention. Fire Personal arrived on the scene and transported the decedent to UMC where he succumbed to his injuries and expired.