KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16314C	Report Date:	7/19/2016 3:50 PM
Status:	Submitted		

Agency/Facility Information

Department ID:	199	Department Type:	SHERIFF
Agency Name:	Dallas County Sheriff\'s Dept.	Agency Number:	TX0570000
Agency Phone:	2146533450	Agency Address:	133 N. Riverfront Blvd.
Agency City:	Dallas	Agency County:	Dallas
Agency State:	TX	Agency Zip:	75207

Director Information

Director Salutation:

Sheriff

Director First Name:

Lupe

Director Middle Name:

Director Last Name:

Valdez

Reporter Name: Det. B. Fetter #629 Reporter Email: bfetter@dallascounty.org

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1507 N. I-35E service road

City: Desoto

County: Dallas

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 subsequent to 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: Antione

Middle Name: Devon

Last Name: Cooper

Suffix:

Date of Birth: 3/7/1990 Sex: Male

Ethnicity: African-American

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

Death Date and Time: 7/15/2016 4:03 PM

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

Date/Time of Custody or Incident:

7/12/2016 10:46 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:

Other Homicide

Manner of Death Description:

Death Reason:

Injuries only

Medical Cause of Death:

Medical Cause of Death:

Gunshot Wounds and their Complications.

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?:

Other persons

Death Causer Other:

Complainant

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:

Aggravated Robbery P.C. 29.03

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 Other

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

Appear intoxicated (alcohol or drugs):	No	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:

On Thursday, July 07, 2016, at approximately 2:41 a.m., Decedent, Antione Devon Cooper (B/M 03-07-1990, 26 YOA), entered and robbed the cashier and patrons of the Waffle House Restaurant located at 1507 N. I-35E service road, Desoto, Dallas County, TX 75115. Once the Decedent started to flee the business, a victim, who has a hangun license, followed the Decedent outside and engaged him with his pistol. The Decedent received multiple gunshot wounds. Desoto Police Department and Desoto Medic responded to the scene. Desoto Medic transported the Decedent to Methodist Dallas Medical Center at 1441 N. Beckley Ave, Dallas, TX 75203 for medial treatment. At this time, the Decedent's identity was unknown, The Decedent

remained in the hsopital and was unidentified until July 12, 2016, when a press release was issued to solicit assistance from the public in finding his identity. The Decedent's mother called and positively identified the Decedent by the multiple tattoos on his body. On Tuesday, July 12, 2016, Desoto Police Department prepared an arrest warrant for Aggravated Robbery, TX PC 29.03 F-1. Custodial remote booking procedures followed to transfer the custody of the Decedent to the Dallas County Sheriff's Dept. At 10:46 p.m., the Decedent was remote booked into the Dallas County Jail (BNO 16038406), and remained in the hospital. On Friday, July 15, 2016, at approximately 4:03 p.m., the Decedent succumbed to his injuries and was pronounced deceased by M.D. Michael Truitt. Subsequently, the Decedent was transported to the Dallas County Medical Examiner's Office for a forensic autopsy. On Saturday, July 16, 2016 J. Townsend-Parchman M.D. performed an autopsy. Autopsy results revealed the cause of death is gunshot wounds and their complications, with the manner of death: HOMICIDE.