# Custodial Death Report

**Agency Information**

<table>
<thead>
<tr>
<th>CDR Number:</th>
<th>18-672-P</th>
<th>Version Type:</th>
<th>AMENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Date:</td>
<td>12/21/2018 2:01 PM</td>
<td>Status:</td>
<td>Submitted</td>
</tr>
</tbody>
</table>

**Agency/Facility Information**

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>TDCJ/Office of the Inspector General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency City:</td>
<td>Huntsville</td>
</tr>
<tr>
<td>Agency Zip:</td>
<td>77320</td>
</tr>
<tr>
<td>Agency Address:</td>
<td>1012 Veterans Memorial Parkway</td>
</tr>
<tr>
<td>Agency State:</td>
<td>TX</td>
</tr>
</tbody>
</table>

**Director Information**

<table>
<thead>
<tr>
<th>Director Salutation:</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director First Name:</td>
<td>Bruce</td>
</tr>
<tr>
<td>Director Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Director Last Name:</td>
<td>Toney</td>
</tr>
</tbody>
</table>

**Reporter Information**

<table>
<thead>
<tr>
<th>Reporter Name:</th>
<th>Analou Sievers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporter Email:</td>
<td><a href="mailto:analou.sievers@tdcj.texas.gov">analou.sievers@tdcj.texas.gov</a></td>
</tr>
</tbody>
</table>

## Decedent Information
Identity of Deceased

First Name: Robert
Middle Name: Earl
Last Name: Robinson
Suffix:

Date of Birth: 2/26/1964
Sex: Male
Race: Black or African American
Age At Time Of Death: 54

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

Date/Time of Custody or Incident: 8/1/1989 12:00 AM

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

Death Date and Time: 7/19/2018 2:51 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: Accidental
Medical Cause of Death:

Environmental hyperthermia

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:  Other, specify

Means of Death Other:  Environmental hyperthermia

Location / Custody Information
Where did the event causing the death occur?

Street Address: 2664 FM 2054
City: Tennessee Colony
County: Anderson
Zip: 75886

What location category best describes where the event causing the death occurred?

Location Category: Law Enforcement Facility

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Penitentiary

Specific type of custody/facility:

Specific Type of Custody/Facility:
TDCJ, specify

TDCJ - Specify Unit:
Michael Unit

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: 8/1/1989 12:00 AM

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?:  No

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: Burglary of a Habitation

Offense 2:

Offense 3:

Were the Charges::  Convicted

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense:  Crime Against Property

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):  No

Make suicidal statements?:  No

Exhibit any mental health problems?:  No

Exhibit any medical problems?:  No
At any time during the incident and/or entry into the law enforcement facility, did the decedent:

<table>
<thead>
<tr>
<th>Action</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barricade self or initiate standoff?</td>
<td>No</td>
</tr>
<tr>
<td>Physically attempt/assault officer(s):</td>
<td>No</td>
</tr>
<tr>
<td>Verbally threaten other(s) including law:</td>
<td>No</td>
</tr>
<tr>
<td>Attempt gain possession officer's weapon:</td>
<td>No</td>
</tr>
<tr>
<td>Resist being handcuffed or arrested?</td>
<td>No</td>
</tr>
<tr>
<td>Gain possession of officer's weapon:</td>
<td>No</td>
</tr>
<tr>
<td>Escape or attempt to escape/flee custody:</td>
<td>No</td>
</tr>
</tbody>
</table>

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 July 19, 2018, Offender Robinson was found unresponsive by security staff at the unit. Offender Robinson was transported to the hospital, where he was pronounced deceased by medical staff.