



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 18-146-UF

Version Type: AMENDED

Report Date: 10/12/2018 5:58
PM

Status: Submitted

Agency/Facility Information

Agency Name: Austin Police Dept.

Agency Address: PO BOX 689001

Agency City: Austin

Agency State: TX

Agency Zip: 78768

Director Information

Director Salutation: Lieutenant

Director First Name: Kurt

Director Middle Name:

Director Last Name: Thomas

Reporter Name: Kurt Thomas

Reporter Email: kurt.thomas@austintexas.gov

Decedent Information

Identity of Deceased

First Name: Thomas

Middle Name: Vincent

Last Name: Alvarez

Suffix:

Date of Birth: 6/24/1994

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 23

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

Date/Time of Custody or
Incident: 2/19/2018 6:03 PM

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

Death Date and Time: 2/19/2018 7:36 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: Homicide (includes
Justifiable
Homicide)

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 personnel

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?: Firearm, unspecified

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

Location / Custody Information

Where did the event causing the death occur?

Street Address: 4900 blk of Edge
Creek Dr

City: Austin

County: Travis

Zip: 78744

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

Location Category: Roadway/highway/street/sidewalk

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:

N/A

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: Scene of incident

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:

Aggravated Assault

Offense 2:

Evading in a Motor Vehicle

Offense 3:

UUMV

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: 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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Discharged firearm

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

from a combination of handguns and rifles. The occupant of the cab, having been struck by gunfire, succumbed to his injuries on the scene. He was later pronounced deceased.