PA Number: PA06326C Report Date: 10/5/2007 2:45 PM

Status: Submitted

Agency/Facility Information

Department ID: 2 Department Type: POLICE

Agency Name: Abilene Police Dept. Agency Number: TX2210100

Agency Phone: 3256766650 Agency Address: 450 Pecan St.

Agency City: Abilene Agency County: TAYLOR

Agency State: TX Agency Zip: 79602

Director Information

Director Salutation:

Chief

Director First Name:

Melvin

Director Middle Name:

R.

Director Last Name:

Martin

Reporter Name: Lt. Tracy Weems Reporter Email: tracy.weems@abilenetx.com

Where did the event causin	g the death occ	ur?		
Street Address:	200 N Clack		City:	Abilene
County:	Taylor			
What type of custody/facility	was the Decec	lent in at the time of dea	ıth:	
Type of Custody:				
Police Custody (pre-booking)				
Specific type of custody/fac	ility:			
Specific Type of Custody/Facility:	:			
Custody of Peace Officer subseq	uent to arrest			
Custody Type Facility:				
What was the time and date death occurred (mm/dd/yyy			force	ment facility where the
Entry Date Time:				
Entry Date Time N/A:	✓			
Where did the death occur?				
Dooth Location:	At medical facility			
Death Location.	At Hieuldal Idulity			
Death Location Elsewhere:				

Identity of Deceased		
First Name:	Jeffery	
Middle Name:	Garlin	
Last Name:	Trotter	
Suffix:		
Date of Birth:	9/13/1979	Sex: Male
Ethnicity:	Anglo	
Date/Time of Death (mm/de	d/yyyy hh:mm AM/	PM):
Death Date and Time:	10/3/2006 9:09 PM	
Age At Time Of Death:	27	
Date/Time of Custody (arre	est, incarceration)	(mm/dd/yyyy hh:mm AM/PM):
Date/Time of Custody or Inciden	t:	
10/3/2006 5:50 PM		
Custody Date NA:		
Has a medical examiner or	coroner conducte	d an evaluation to determine a cause of death?
Medical Examinor/Coroner Evalu	ution?:	
Yes, results are available		

Manner of Death:
Alcohol/Drug Intoxication
Manner of Death Description:
Death Reason:
Medical condition only (e.g. heart attack)
Medical Cause of Death:
Medical Cause of Death:
Acute Methamphetamine Intoxication
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
Not Applicable
If death was an accident or homicide, who caused the death?
If death was an accident or homicide, who caused the death?
If death was an accident or homicide, who caused the death? Who caused the death?:
Who caused the death?:
Who caused the death?: Not applicable; cause of death was suicide, intoxication or illness/natural causes
Who caused the death?: Not applicable; cause of death was suicide, intoxication or illness/natural causes Death Causer Other:
Who caused the death?: Not applicable; cause of death was suicide, intoxication or illness/natural causes Death Causer Other: If a weapon caused the death, what type of weapon caused the death? (mark all that apply)
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Who caused the death?: Not applicable; cause of death was suicide, intoxication or illness/natural causes Death Causer Other: If a weapon caused the death, what type of weapon caused the death? (mark all that apply) Type of Death Weapon: Not Applicable Was the cause of death the result of a pre-existing medical condition or did the decedent

What was the manner of death? (select only one)

If death was an accident, homicide or suicide, what was the means of death?				
Means of Death:				
Drug overdose				
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				
Offense 2:				
Offense 3:				
Were the Charges::				
Not filed at time of death				
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 Self Accident				

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At any time during the arrest/incident did the deceased:

Appear intoxicated (alcohol or drugs):		Threaten the officer(s) involved:	No
Resist being handcuffed or arrested?:	Yes	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		
At the time of entry into the	facility did the deceased:		
Entry Behavior:	Intoxicated		
Was the deceased under redeath?	estraint in the time leading	g up to the death or t	he events causing the
Under Restraint:			
Yes			

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

Trotter was the suspect in an aggravated robbery of his aunt. The robbery occurred earlier on the day he died. He was listed as a suspicious person at a local business. He was contacted at a local car dealership by an officer who knew him on sight and was taken into custody after a short struggle. During the struggle Trotter was able to maintain a free right hand which the officer could not monitor.

Trotter was sprayed with OC, taken into custody and handed over to arriving officers while the arresting officer conducted a search of the area for evidence of the Agg Robbery. While being treated for the OC exposure by assisting officers a plastic bag was recovered from Trotters mouth which tested positive, at the scene, for methamphetamines. Trotter was transported to the Taylor County Jail then to Hendrick Medical Center. He was being checked by hospital staff when he died of a self induced drug overdose (Acute Methamphetamine Intoxication).