PA Number: PA07288CJ Report Date: 10/22/2007 10:19

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 occu	ır?			
Street Address:	5802 Kala Dr		City: Abilene		
County:	Taylor				
What type of custody/facility	was the Deced	ent in at the time of deat	th:		
Type of Custody:					
County Jail					
Specific type of custody/fac	ility:				
Specific Type of Custody/Facility	:				
Jail - holding cell					
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:					

Identity of Deceased		
First Name:	Kristoper	
Middle Name:	S	
Last Name:	Rupe	
Suffix:		
Date of Birth:	6/20/1980	Sex: Male
Ethnicity:	Anglo	
Date/Time of Death (mm/de	d/yyyy hh:mm AM/	PM):
Death Date and Time:	10/1/2007 6:53 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:	
10/1/2007 6:00 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:				
Not applicable				
Medical Cause of Death:				
Medical Cause of Death:				
Acute Cocaine and Methadone 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				
If death was an accident or homicide, who caused the death?				
Who caused the death?:				
Deceased				
Death Causer Other:				
Beath Gauser 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 develop the condition after admission?				
Pre existing medical condition?:				
Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide				

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:				
Criminal Mischief				
Offense 2:				
Public Intoxication				
Offense 3:				
Were the Charges::				
Not filed at time of death				
What were the types of charges or reason for contact?				
Timat more the types of charges of reason for contact.				
Type of Offense:				
Injuries of Decedent				
Injured By: Injured by Self				
Injured By: 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:	Yes
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:

Subj was contacted by officers reference a call of unknow trouble and a WM running around an apartment complex screaming for help.

When officers arrived the subj was located and eventually handcuffed for his own safety. He was determined to be intoxicated and admitted to having smoked crack cocaine. Sugj resisted transport and was sprayed with OC. He was then transported to the Taylor County Jail.

When he arrived at the jail he was being placed into the vilent holding cell when he collapsed. Correctional officers began CPR and an ambulance was called. Subj was trasported to Abilene Regional Hospital where he was pronounced dead.