



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: Mauris DeSilva -
Pending

Version Type: ORIGINAL
VERSION

Report Date: 8/19/2019 2:47 PM

Status: In-Progress

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: Chief

Director First Name: Brian

Director Middle Name:

Director Last Name: Manley

Reporter Name: Jonathan Herring

Reporter Email: jonathan.herring@austintexas.gov

Decedent Information

Identity of Deceased

First Name: Mauris

Middle Name: Nishanga

Last Name: DeSilva

Suffix:

Date of Birth: 5/1/1973

Sex: Male

Race: Asian or Pacific
Islander

Age At Time Of Death: 46

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

Date/Time of Custody or
Incident: 7/31/2019 5:05 PM

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

Death Date and Time: 7/31/2019 6:07 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
pending

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

Manner of Death: Homicide (includes
Justifiable
Homicide)

Medical Cause of Death:

Medical Cause of Death:

Gun shot 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?: 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

Location / Custody Information

Where did the event causing the death occur?

Street Address: 300 Bowie St

City: Austin

County: Travis

Zip: 78703

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

Location Category: Residence/Home

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:

Hospital/Infirmary

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: 7/31/2019 5:29 PM

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:

Aggravated Assault

Offense 2:

Offense 3:

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: Violent Crime
Against Persons;
Medical / Mental
Health assistance
call

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: Displayed other weapon, specify:

Specify Weapon Displayed:

large knife

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

Attempt to Injure Others?: Unknown

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

Appear intoxicated (alcohol or drugs):	Unknown	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	Exhibit any medical problems?:	Unknown

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

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

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 7/31/2019, Austin Police officers were dispatched to a check welfare urgent call at 300 Bowie St. There were multiple calls to 911 made by citizens. One 911 caller said there was an individual who was holding a large butcher knife and was now walking back into the condominiums. Another 911 caller stated they observed the subject holding the knife to their own neck. Once officers arrived at the scene, they were notified by building employees that the subject with the knife was in the building near where the gym/fitness center is located. Officers then responded to the area of the gym/fitness center. As the elevator doors opened, officers immediately encountered the subject with the knife. Officers gave verbal commands to the individual to drop the weapon. The subject did not comply with the officers verbal commands and proceeded to walk towards the officers with the knife in the right hand. The officers fearing for their life and safety of each other, fired their weapons at the subject. The officers administered first aid to the subject who was transported to the hospital. The subject was pronounced deceased at 6:07 pm.