KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 22-147-CJ | Version Type: | AMENDED |
| Report Date: | 3/28/2022 5:01 PM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Fort Bend County Sheriff's Dept. | Agency Address: | 1840 Richmond Parkway |
| Agency City: | Richmond | Agency State: | TX |
| Agency Zip: | 77469 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Eric |
| Director Middle Name: | | | |
| Director Last Name: | Fagan | | |

| | | | |
|---|---|---|---|
| Reporter Name: | Bradley Whichard | Reporter Email: | bradley.whichard@fortbendcountytx.gov |

## Decedent Information

### Identity of Deceased

First Name: Zachary

Middle Name:

Last Name: Daniels

Suffix:

Date of Birth: 4/5/1999 Sex: Male

Race: Anglo or White

Age At Time Of Death: 22

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

Date/Time of Custody or Incident: 12/29/2021 4:17 PM

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

Death Date and Time: 2/4/2022 7:05 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: Suicide

## Medical Cause of Death:

Medical Cause of Death:

Hanging

## 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?: Decedent

## 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?: Other Weapon,
specify:

Other weapon, specify:

Bedsheet used by decedent to fashion a ligature device

## 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: Hanging, strangulation

# Location / Custody Information

## Where did the event causing the death occur?

| | | | |
|---|---|---|---|
| Street Address: | 1410 Richmond Parkway | City: | Richmond |
| County: | Fort Bend | Zip: | 77469 |

## 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: | County Jail |

## Specific type of custody/facility:

| Specific Type of Custody/Facility: |
|---|
| Jail - single cell |

## 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: | 12/29/2021 4:17 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?: Yes

## 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 - Serious Bodily Injury

Offense 2:

Offense 3:

Were the Charges:: Filed

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

Type of Offense: Violent Crime Against Persons

## 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?: Yes

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): | No | 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:

Decedent was housed within a cell block dedicated for those experiencing mental health issues and determined to be unable to comingle within general population. The decedent was within a single occupancy cell during which time he fashioned a bedsheet, which he tied around his neck and the bars of the cell door. The supervising officer discovered the incident, cut down the inmate and initiated CPR along with summoning medical aid from staff. The decedent was transported to Oak Bend Medical Hospital where resuscitation efforts continued. Ultimate death was pronounced at 7:05 pm and subsequent autopsy completed at the Fort Bend County Medical Examiner's Office.

Investigation conducted by Texas Ranger's Office, District Attorney's Office, Fort Bend Medical Examiner's Office and Fort Bend County Sheriff's Office. Preliminary manner determined to be suicide and final autopsy report pending completion of laboratory analysis.

Fort Bend County Medical Examiner report received and listed cause of death as Hanging and manner of death as Suicide.