



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

---

CDR Number: 23-143-CJ

Version Type: AMENDED

Report Date: 2/20/2023 2:36 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: Dalia Simons

Reporter Email: [dalia.simons@fortbendcountytexas.gov](mailto:dalia.simons@fortbendcountytexas.gov)

## Decedent Information

---

### Identity of Deceased

---

First Name: ROLANDO

Middle Name:

Last Name: SALINAS

Suffix:

Date of Birth: 12/28/1960

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 62

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

---

Date/Time of Custody or  
Incident: 7/10/2022 7:25 PM

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

---

Death Date and Time: 1/14/2023 8:50 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: Natural

## Medical Cause of Death:

---

Medical Cause of Death:

CAUSE OF DEATH: HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE  
CONTRIBUTING FACTORS: BICUSPID AORTIC VALVE  
MANNER OF DEATH: NATURAL

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?: Not applicable

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?: 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?: Pre-existing medical condition

If death was an accident, homicide or suicide, what was the means of death?

---

Means of Death: Not applicable,  
cause of death was  
illness/natural  
cause

## 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 - multiple occupancy 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: 7/10/2022 7:25 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 ROBBERY

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): N/A

Make suicidal statements?: N/A

Exhibit any mental health  
problems?: N/A

Exhibit any medical problems?: Yes

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

---

Barricade self or initiate  
standoff?: N/A

Resist being handcuffed or  
arrested?: N/A

Physically attempt/assault officer(s): N/A

Gain possession of officer's weapon: N/A

Verbally threaten other(s) including law: N/A

Escape or attempt to escape/flee custody: N/A

Attempt gain possession officer's weapon: N/A

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 MULTI OCCUPANCY CELL AND WAS IN THE RECREATION AREA WHEN DECEDENT HAD A MEDICAL EPISODE. ASSISTANCE WAS SUMMONED, CPR WAS INITIATED ALONG WITH MEDICAL AID FROM STAFF. THE DECEDENT WAS TRANSPORTED TO MEDICAL FACILITY WHERE HE WAS PRONOUNCED DECEASED. DECEDENT'S BODY WAS SENT TO FORT BEND COUNTY MEDICAL EXAMINER'S OFFICE FOR AUTOPSY.

AUTOPSY RESULTS PENDING TOXICOLOGY

INVESTIGATION WAS CONDUCTED BY TEXAS RANGER'S OFFICE, FORT BEND COUNTY SHERIFF'S OFFICE AND THE FORT BEND COUNTY MEDICAL EXAMINER'S OFFICE.

AUTOPSY RESULTS RECEIVED:

CAUSE OF DEATH: HYPERTENSIVE AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE  
CONTRIBUTING FACTORS: BICUSPID AORTIC VALVE  
MANNER OF DEATH: NATURAL