KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-1555-CJ	Version Type:	AMENDED
Report Date:	11/19/2024 3:40 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@fortbendcountytx.gov

Decedent Information

Identity of Deceased

First Name: RICARDO

Middle Name: J'MON

Last Name: GRAY

Suffix:

Date of Birth: 4/2/1999 Sex: Male

Race: Black or African American

Age At Time Of Death: 25

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

Date/Time of Custody or Incident: 8/24/2023 10:50 PM

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

Death Date and Time: 11/5/2024 1:12 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:

DECEDENT WAS TRANSPORTED TO OAK BEND HOSPITAL AND THEN TO BENTAUB HOSPITAL AFTER ATTEMPTED SUICIDE ; DECEDENT WAS PRONOUNCED DECEASED ON NOVEMBER 5, 2024 AT 1:12 PM.
HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES AUTOPSY REPORT (ML24-4532) AUTHORED BY ROGER P. MILTON JR. M.D. - NOTED CAUSE OF DEATH (HANGING), AND MANNER OF DEATH (SUICIDE).

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?:	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

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:	8/24/2023 10:50 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:

MURDER

Offense 2:

ABAND/ENDANG CHLD W/O INT RETURN

Offense 3:

ASSAULT CAUSES BODILY INJURY

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?: No

Exhibit any mental health

problems?:	Yes	Exhibit any medical problems?:	No

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 SINGLE OCCUPANCY CELL WHEN DECEDENT ATTEMPTED SUICIDE. THE SUPERVISING DEPUTY SUMMONED ASSISTANCE. CPR WAS INITIATED, ALONG WITH MEDICAL AID FROM STAFF. THE DECEDENT WAS TRANSPORTED TO OAK BEND HOSPITAL AND THEN TO BENTAUB HOSPITAL WHERE HE WAS PRONOUNCED DECEASED ON NOVEMBER 5TH, 2024 AT APPROXIMATELY 1:12 PM. DECEDENT'S BODY WAS SENT TO HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES FOR AUTOPSY (HCIFS # ML24-4532).

INVESTIGATION WAS CONDUCTED BY TEXAS RANGERS, FORT BEND COUNTY DISTRICT ATTORNEY'S OFFICE, FORT BEND COUNTY SHERIFF'S OFFICE, AND THE HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES.

HCIFS AUTOPSY RESULTS NOTED CAUSE OF DEATH AS HANGING, AND MANNER OF DEATH AS SUICIDE.