



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 20-635-CJ

Version Type: AMENDED

Report Date: 2/12/2021 3:21 PM

Status: Submitted

Agency/Facility Information

Agency Name: Brazoria County
Sheriff's Office

Agency Address: 3602 County Road
45

Agency City: Angleton

Agency State: TX

Agency Zip: 77515

Director Information

Director Salutation: Sheriff

Director First Name: Charles

Director Middle Name: S

Director Last Name: Wagner

Reporter Name: Andrew Kerstens

Reporter Email: andrewk@brazoria-county.com

Decedent Information

Identity of Deceased

First Name: Robert

Middle Name: Lee

Last Name: Money

Suffix: II

Date of Birth: 3/20/1968

Sex: Male

Race: Black or African
American

Age At Time Of Death: 52

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

Date/Time of Custody or 7/14/2020 11:37
Incident: PM

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

Death Date and Time: 7/15/2020 1:35 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Yes, results are
Evaluation?: available

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Complications of vascular disease

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Yes

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: 3602 CR 45

City: Angleton

County: Brazoria

Zip: 77515

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: 6/1/2020 12:31 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:

Driving while intoxicated 3rd or more IAT

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: Alcohol / drug
offense

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?: No

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:

Victim was housed in a single person housing unit that is checked by a detention officer at least every twenty (20) minutes. Victim had a history of elevated blood pressure and had refused to take his prescribed medications. Victim was previously transported to a medical facility and refused treatment at the facility. Victim was observed seated in his housing location then was observed lying on his bed in the housing unit approximately twenty (20) minutes afterwards. Approximately twenty (20) minutes the detention officer attempted to interact with the victim and the victim did not respond. Upon entering the housing unit it was found that the victim was not responsive. Medical personnel at the Detention Center began life saving procedures and Emergency Medical Services (EMS) responded to transport the victim to a medical facility. The victim was pronounced deceased at the medical facility.