KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-1253-CJ	Version Type:	AMENDED
Report Date:	1/28/2022 2:03 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: Victor

Middle Name: Lamar

Last Name: Harper

Suffix:

Date of Birth: 7/23/1948

Sex: Male

Race: Black or African American

Age At Time Of Death: 73

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

Date/Time of Custody or Incident: 1/7/2018 5:49 PM

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

Death Date and Time: 9/20/2021 4:33 AM

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:

Chronic Obstructive Pulmonary Disease (COPD) with complications of Hypertension

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:	1410 Williams Way	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:	1/7/2018 5:49 PM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

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 Sexual Assault of Child

Offense 2:

Aggravated Sexual Assault of Child

Offense 3:

Aggravated Sexual Assault of Child and 4th charge of Aggravated Sexual Assault of Child

Were the Charges:: Filed

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

Type of Offense: Crimes Against Child(ren)

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?:	Yes

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:

Subject inmate was housed within a single occupancy cell and was last known to be responsive to Detention Staff at around 11:45 pm on 9/19/2021. Routine rounds were performed and electronically verified at or less than 45 minutes as per FBCSO Policy thru the night time hours. The subject inmate was noted to be laying on his bunk within the cell in a position consistent with sleeping habits for the inmate through-out the night time hours. Victor Lamar Harper was discovered to be un-responsive by staff upon efforts to awaken him at 3:55 am the morning of 9/20/2021.

Detention Staff immediately initiated CPR efforts, which were continued by responding Detention Medical Personnel pending arrival of Fort Bend Emergency Medical Service (FBC Medical Unit 606). Detention Medical Staff also attempted AED resuscitation efforts without success. FBC EMS pronounced death at 4:33 am on 9/20/2021. Subsequent investigation conducted by Texas Ranger's Company A, Fort Bend County Medical Examiner's Office and Fort Bend County Sheriff's Office.

Inmate Harper had reported history of COPD, Hypertension, Hyperlipidemia and Chronic Kidney Disease. Autopsy was conducted on 9/22/2021 by FBCME Forensic Pathologist Dr. Narula and cause/manner of death was reported to be COPD with additional complications of Hypertension.