KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-711-CJ	Version Type:	AMENDED
Report Date:	12/13/2021 11:10 AM	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: Albert

Middle Name:

Last Name: Ramirez

Suffix:

Date of Birth: 11/11/1963 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 57

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

Date/Time of Custody or Incident: 2/15/2020 6:42 PM

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

Death Date and Time: 6/13/2021 4:47 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:

Fort Bend County Medical Examiner preliminary report is cause of death was due to natural causes - Final determination pending Medical Examiner review of medical history, treatment records and any toxicology analysis that may be conducted.

Amended - Final cause determination of M.E. is Liver Cirrhosis, due to: Chronic Ethanolism and Hepatitis C Viral Infection. Final Manner determination was ruled Natural

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:	1705 Jackson Street	City:	Richmond
County:	Fort Bend	Zip:	77469

What location category best describes where the event causing the death occurred?

Location Category: Other, specify

Other Location Category:

Death occurred at a medical 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:

Hospital/Infirmary

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: 2/15/2020 6:42 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?:	No
Exhibit any mental health problems?:	Unknown	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?:	Unknown
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	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:

Inmate Albert Ramirez was admitted into the Fort Bend County Jail on 2/15/2020 for an aggravated robbery charge. The subject inmate reports being diagnosed with liver disease the year prior to most recent booking. The inmate was transported to Oak Bend Hospital due to failing health on 6/4/2021. On 6/10/2021 the inmates condition continued to worsen, resulting in him being intubated and placed within ICU at the medical facility. The subject passed away within the aforementioned medical facility on 6/13/2021.

The lead investigation of the above described death is being conducted by the Texas Ranger's (Company A). Preliminary report from the Fort Bend County Medical Examiner's Office is death was due to natural causes, pending completion of medical file review, examination and any associated laboratory analysis.