KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-21-CJ	Version Type:	AMENDED
Report Date:	4/15/2019 9:18 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Fort Bend County Sheriff's Dept.	Agency Address:	1410 Williams Way Blvd.
Agency City:	Richmond	Agency State:	TX
Agency Zip:	77469		

Director Information

Director Salutation:	Sheriff	Director First Name:	Troy
Director Middle Name:			
Director Last Name:	Nehls		

Reporter Name:	Bradley Whichard	Reporter Email:	bradley.whichard@fortbendcountytx.gov

Decedent Information

Identity of Deceased

First Name: Emmanuel

Middle Name: Eskander

Last Name: Akueir

Suffix:

Date of Birth: 2/17/1999

Sex: Male

Race: Black or African American

Age At Time Of Death: 17

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

Date/Time of Custody or Incident: 1/3/2017 11:20 PM

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

Death Date and Time: 1/26/2017 7:37 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:

Asphyxiation due to hanging

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: Other, specify

Means of Death Other: Hanging

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:	1/3/2017 11:20 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:

Evading Arrest

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): No

Make suicidal statements?: Yes

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:	Yes	Escape or attempt to escape/flee custody:	Yes
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:

Deputy K. Lewis was in the process of conducting inmate checks in cell block 10 at 18:10 hours on 1/26/2017 when he observed inmate Emmanuel Akueir hanging by the neck by a bedsheet, which had been tied to the interior portion of the cell door. Inmate Akueir was within a single inmate cell and the bedsheet used had been tied to the interior portion of the bars on the cell gate, which was closed and secured at the time of the discovery. No additional inmates had physical access to Emmanuel Akueir prior to the incident discovery. One additional inmate was secured within another cell in the same cell block during the time of the incident. Statements provided by this additional inmate revealed that Emmanuel Akueir had made statements of having suicidal thoughts earlier in the day of this incident. Neither Emmanuel Akueir nor other inmate with knowledge of such statements solicited assistance via the in cell intercom system, which was verified to be operational. Writings within inmate Akueir's cell (# 8) include the phrase "suicidal thoughts."

Upon discovery of the incident Deputy Lewis summoned aid of fellow Deputies, cut Emmanuel Akueir free and initiated CPR efforts. EMS was summoned and Emmanuel Akueir was released to their care within seven minutes of incident discovery. Emmanuel Akueir was transported to Oakbend Hospital in Richmond, Texas where death was ultimately pronounced at 19:37 hours on 1/26/2017 by Dr. Ladi. Autopsy was ordered and is pending at the Galveston County Medical Examiner's Office.

Note: Autopsy report completed and on file with reporting law enforcement agency.