KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-1168-CJ	Version Type:	AMENDED
Report Date:	4/15/2019 9:10 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:	E		
Director Last Name:	Nehls		

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

Decedent Information

Identity of Deceased

First Name: Delquin

Middle Name: Earl

Last Name: Miller

Suffix:

Date of Birth: 10/4/1979 Sex: Male

Race: Black or African American

Age At Time Of Death: 39

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

Date/Time of Custody or Incident: 8/7/2018 9:06 AM

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

Death Date and Time: 11/24/2018 11:06 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:

Galveston County Medical Examiner, Dr. Erin Barnhart, conducted the autopsy of Delquin Miller on 11/26/2018, during which preliminary finding of death cause was reported to be massive pulmonary thromboembolism. The final autopsy report is pending completion of laboratory analysis, which is not available as of time of this report.

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

Medical Treatment: No

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 - multiple occupancy 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:	8/7/2018 9:06 AM

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:

Evading Arrest/Detention with Prior Conviction (State Jail Felony)

Offense 2:

Criminal Mischief Bond Forfeiture (Class B Misdemeanor)

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: Other, specify

Type of Offense, Other:

Subject was arrested and charged subsequent to warrant issuance

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:

On 11/24/2018, Inmate Delquin Earl Miller (DOB 10/04/1979) complained of experiencing chest pains, which resulted in an examination by detention medical staff. During the course of this examination, Inmate Miller became unresponsive and Fort Bend County Emergency Medical Service transported Mr. Miller to Oak Bend Medical Hospital in Richmond at 10:09 am.

Delquin Miller was ultimately pronounced dead by Oak Bend Hospital emergency room staff at 11:06 am, 11/24/2018. Galveston County Medical Examiner, Dr. Erin Barnhart, conducted the autopsy of Delquin Miller on 11/26/2018, during which preliminary finding of death cause was reported to be massive pulmonary thromboembolism. The final autopsy report is pending completion of laboratory analysis, which is not available as of time of this report.

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