KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-730-CJ	Version Type:	ORIGINAL VERSION
Report Date:	8/10/2018 10:32 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Harris County Sheriff's Dept.	Agency Address:	1200 Baker Street
Agency City:	Houston	Agency State:	TX
Agency Zip:	77002		

Director Information

Director Salutation:	Sheriff	Director First Name:	Ed
Director Middle Name:			
Director Last Name:	Gonzalez		
Reporter Name:	Ronny Taylor	Reporter Email:	ronny.taylor@sheriff.hctx.net

Decedent Information

Identity of Deceased

First Name: Michael

Middle Name: Ray

Last Name: Meguire

Suffix:

Date of Birth: 10/12/1956 Sex: Male

Race: Anglo or White

Age At Time Of Death: 61

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

Date/Time of Custody or Incident: 10/1/2016 3:47 AM

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

Death Date and Time: 6/30/2018 2:00 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:

Metastatic carcinoma of liver

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:	1504 Taub Loop	City:	Houston
County:	Harris	Zip:	77030

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:

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:	6/5/2018 6:05 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?:	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:

Agg. Assault / Family Member

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):	Yes	Make suicidal statements?:	Yes
Exhibit any mental health problems?:	Yes	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?:	N/A	Resist being handcuffed or arrested?:	N/A
Physically attempt/assault		Gain possession of officer's	

officer(s):	N/A	weapon:	N/A
Verbally threaten other(s) including law:	N/A	Escape or attempt to escape/flee custody:	N/A
Attempt gain possession officer's weapon:	N/A		

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 October 1, 2016, at 0347 hours, Inmate Meguire was processed onto the Harris County Jail for AGG Assault / Family Member with a @15,000.00 Bond.

On October 1, 2016, during processing, the HCSO Mental Health Application Form was completed for Inmate Meguire.

On June 25, 2018, Inmate Meguire was transported to Ben Taub Hospital for dizziness and shortness of breath.

Note: Inmate had a DNR and DNI on file.

On June 29, 2018, Judge Collins granted Inmate Meguire a pretrial bond.

On June 29, 2018, at 1910 hours, Deputy Overbeck released Inmate Meguire from HCSO custody. (Note: Inmate Meguire was unable to sign bond documents)

On June 29, 2018, Betty White (mother) decided to stop medications and life support on Inmate Meguire.

On June 30, 2018, at 0200 hours, Inmate Meguire was pronounced deceased by Dr. Nguyen

Autopsy Report: Manner of Death Natural // Cause of Death: Metastatic carcinoma of liver.