



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 21-1341-CJ

Version Type: AMENDED

Report Date: 1/28/2022 1:53 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@fortbendcountytexas.gov

Decedent Information

Identity of Deceased

First Name: Timothy

Middle Name: Charles

Last Name: Wood

Suffix:

Date of Birth: 9/19/1966

Sex: Male

Race: Anglo or White

Age At Time Of Death: 55

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

Date/Time of Custody or
Incident: 8/12/2021 9:45 AM

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

Death Date and Time: 10/6/2021 9:29 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:

Cause of death is listed as COVID-19 with contributing factor listed as Acute Respiratory Distress.

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?: Could not be determined

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

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:

Oakbend Medical Hospital

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: 8/12/2021 9:45 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:

Theft of Property - State Jail Felony

Offense 2:

Forgery of Financial Instrument - (x2 Class B Misdemeanor / x1 State Jail Felony)

Offense 3:

Theft of Property - Class B Misdemeanor

Were the Charges:: Filed

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

Type of Offense: Crime Against
Property

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:

Inmate Timothy Wood was transported to Fort Bend County from the Montgomery County Sheriff's Office on 8/12/2021. On 8/13/2021 inmate Wood began to complain of experiencing COVID like symptoms at which time breathing treatments were administered by Detention Medical Staff. Inmate Wood exhibited worsening symptoms on 8/19/2021 at which time he was transported to Oakbend Medical Facility. Inmate Wood's conditions continued to worsen, which resulted in intubation on 8/24/2021.

Inmate Wood was released from formal custody of the Fort Bend County Sheriff's Office by virtue of bond on 8/25/2021. The subject remained in the care of Oakbend Hospital until time of death, which was pronounced on 10/6/2021.