



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-1042-C

Version Type: AMENDED

Report Date: 9/9/2022 2:32 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: Dalia Simons

Reporter Email: dalia.simons@fortbendcountytexas.gov

Decedent Information

Identity of Deceased

First Name: MOHAMMAD

Middle Name: R

Last Name: SHAHID

Suffix:

Date of Birth: 4/5/1960

Sex: Male

Race: Asian or Pacific
Islander

Age At Time Of Death: 62

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

Date/Time of Custody or 7/15/2022 11:45
Incident: PM

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

Death Date and Time: 7/16/2022 1:05 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Yes, results are
Evaluation?: available

What was the manner of death? (select only one)

Manner of Death: Homicide (includes
Justifiable
Homicide)

Medical Cause of Death:

Medical Cause of Death:

mechanical asphyxia

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?: Other civilian(s)

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: Other, specify

Means of Death Other: due to physical restraint with contributory cause of atherosclerotic and hypertensive cardiovascular disease

Location / Custody Information

Where did the event causing the death occur?

Street Address: 10700 BLOCK
BATTENROCK CT

City: RICHMOND

County: Fort Bend

Zip: 77407

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

Location Category: Roadway/highway/street/sidewalk

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Police Custody
(pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

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:

Entry Date Time N/A: ☒

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:

BURGLARY OF HABITATION

Offense 2:

Offense 3:

Were the Charges:: Not filed at time of death

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):	Unknown	Make suicidal statements?:	No
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:	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:	Yes, mark which restraint devices were used
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Type of restraint

Type of Restraint: Handcuffs

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

Decedent/Subject burglarized a residence where homeowners were out of town. Subject was masked and gloved and was caught by the neighbor who detained subject on the ground while law enforcement arrived. Subject was secured with handcuffs by law enforcement when law enforcement arrived and checked the subject finding the subject to be unresponsive. CPR was initiated by law enforcement, subject was released from cuffs with continued CPR, and transported to Memorial Hermann Hospital where he was pronounced deceased.

