



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-353-UF

Version Type: AMENDED

Report Date: 4/11/2022 10:26
AM

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: JACOB

Middle Name:

Last Name: HUERTA

Suffix:

Date of Birth: 9/3/1984

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 37

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

Date/Time of Custody or
Incident: 2/26/2022 4:03 PM

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

Death Date and Time: 2/26/2022 4:15 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: Homicide (includes
Justifiable
Homicide)

Medical Cause of Death:

Medical Cause of Death:

MULTIPLE GUNSHOT WOUNDS

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?: Law
enforcement/correctional
personnel

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?: Rifle/shotgun

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: Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address: 8600 US 59 SB

City: BEASLEY

County: Fort Bend

Zip: 77417

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: Pre-Custodial Use
of Force

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: Scene of incident

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 ASSAULT AGAINST PUBLIC SERVANT -SERIOUS BODILY INJURY

Offense 2:

FAILURE TO STOP AND GIVE INFORMATION

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: 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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Used other weapon, specify:

Specify Weapon Used:

KNIFE

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Attempt to Injure Others?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Injured law enforcement personnel

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?:	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?:	Yes	Resist being handcuffed or arrested?:	Yes
Physically attempt/assault officer(s):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Yes	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:

THE AFOREMENTIONED SUSPECT FLED THE SCENE OF TWO MOTOR VEHICLE ACCIDENTS CAUSED BY THE SUSPECT. WHEN ENCOUNTERED BY LAW ENFORCEMENT THE SUSPECT BARRICADED SELF IN HIS VEHICLE. SUSPECT EXITED VEHICLE WITH KNIFE IN HAND. SUSPECT WAS ORDERED TO DROP THE WEAPON SEVERAL TIMES BUT REFUSED. SUSPECT ADVANCED TO DEPUTIES, STABBED A DEPUTY AND A DEPUTY FIRED AT THE SUSPECT THEREFORE STOPPING THE THREAT. THE SUSPECT DIED AT THE SCENE.

FORT BEND COUNTY MEDICAL EXAMINER'S REPORT RECEIVED. CAUSE OF DEATH LISTED AS MULTIPLE GUNSHOT WOUNDS; MANNER OF DEATH LISTED AS HOMICIDE.

