



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 22-421-CJ

Version Type: AMENDED

Report Date: 10/31/2022 4:26 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: KRISTEN

Middle Name: ANTHONY

Last Name: CABEZAS

Suffix:

Date of Birth: 11/20/1981

Sex: Male

Race: Anglo or White

Age At Time Of Death: 40

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

Date/Time of Custody or
Incident: 3/22/2022 1:30 PM

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

Death Date and Time: 3/23/2022 11:42
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: Natural

Medical Cause of Death:

Medical Cause of Death:

DECEDENT WAS TRANSPORTED TO OAK BEND HOSPITAL AFTER HAVING A SEIZURE. HE WAS PRONOUNCED DECEASED ON MARCH 23,2022 AT 11:42PM.

CAUSE OF DEATH LISTED AS HYPERTENSIVE CARDIOVASCULAR DISEASE

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?: 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: Other, specify

Means of Death Other: DECEMENT HAD A SEIZURE AND WAS TRANSPORTED TO HOSPITAL WHERE HE WAS PRONOUNCED DECEASED.

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1410 RICHMOND
PARKWAY

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: 3/22/2022 2:10 PM

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:

AGGRAVATED ROBBERY

Offense 2:

PAROLE VIOLATION

Offense 3:

Were the Charges:: A probation/parole violation

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): No

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: No

Summary of Incident

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

Summary:

DECEDENT WAS HOUSED WITHIN A MULTIPLE OCCUPANCY CELL WHEN DECEDENT WAS FOUND TO BE HAVING A SEIZURE. THE SUPERVISING DEPUTY SUMMONED ASSISTANCE, CPR WAS INITIATED ALONG WITH MEDICAL AID FROM STAFF. THE DECEDENT WAS TRANSPORTED TO OAK BEND HOSPITAL WHERE HE WAS PRONOUNCED DECEASED ON MARCH 23, 2022 AT APPROXIATMELY 11:42 PM. DECEDENT'S BODY WAS SENT TO FORT BEND COUNTY MEDICAL EXAMINER'S OFFICE FOR AUTOPSY.

AUTOPSY RESULTS NATURAL;C AUSE OF DEATH LISTED AS HYPERTENSIVE CARDIOVASCULAR DISEASE

INVESTIGATION WAS CONDUCTED BY TEXAS RANGER'S OFFICE, FORT BEND COUNTY SHERIFF'S OFFICE AND THE FORT BEND COUNTY MEDICAL EXAMINER'S OFFICE.