KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1307-UF	Version Type:	AMENDED
Report Date:	11/14/2023 1:22 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@fortbendcountytx.gov

Decedent Information

Identity of Deceased

First Name: AUSTIN

Middle Name:

Last Name: CHASETON

Suffix:

Date of Birth: 1/18/2009 Sex: Male

Race: Black or African American

Age At Time Of Death: 14

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

Date/Time of Custody or Incident: 8/19/2023 2:30 AM

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

Death Date and Time: 8/19/2023 3:00 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Cause of Death Blunt Injuries; Manner of Death: Accident

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?:	Decedent

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?:	Vehicle-involved death

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:	Vehicle accident

Location / Custody Information

Where did the event causing the death occur?

Street Address:	22100 S POST OAK BLVD	City:	FRESNO
County:	Fort Bend	Zip:	77545

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:

Custody of Law Enforcement Personnel during/fleeing arrest

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:

UNAUTHORIZED USE OF MOTOR VEHICLE

Offense 2:

CRIMINAL TRESPASS MOTOR VEHICLE

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):	N/A	Make suicidal statements?:	N/A
Exhibit any mental health problems?:	N/A	Exhibit any medical problems?:	N/A

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?:	Yes
Physically attempt/assault officer(s):	N/A	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	N/A	Escape or attempt to escape/flee custody:	Yes
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:

Decedent/driver was driving an identified stolen vehicle which was located by Fort Bend County patrol deputies. Deputies attempted to stop the stolen vehicle with lights and sirens but the vehicle/driver fled,refused to stop, initiating a pursuit. The pursuit was terminated and when searching the area the stolen vehicle was located where the single occupant driver struck a tree and was ejected. Medics arrived on scene and pronounced the driver deceased on scene.

Fort Bend County Medical Examiner's Office Autopsy: Cause of Death: Blunt Injuries; Manner of Death: Accident