



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 24-1103-C

Version Type: AMENDED

Report Date: 8/13/2024 3:28 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: PAULO

Middle Name: ESTEBAN

Last Name: MEDRANO

Suffix:

Date of Birth: 8/10/1979

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 44

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

Date/Time of Custody or
Incident: 7/2/2024 4:40 PM

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

Death Date and Time: 7/2/2024 6:00 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Cause of Death: Methamphetamine toxicity

Contributing factors: atherosclerotic 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: No

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: Drug overdose

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:

Hospital

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:

Custody of Law Enforcement Personnel subsequent to 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: Medical facility

General Information

Did any other law enforcement agencies respond to calls for service related to this incident?

Other Agencies Respond?: No

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:

DISORDERLY CONDUCT

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: Other, specify

Type of Offense, Other:

DISORDERLY CONDUCT BY EXPOSURE

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): Yes

Make suicidal statements?: No

Exhibit any mental health problems?: Unknown

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: Yes, mark which restraint devices were used

Type of restraint

Type of Restraint: Handcuffs

Summary of Incident

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

Summary:

SUBJECT (DECEDENT) WAS PLACED IN CUSTODY FOR DISORDERLY CONDUCT. FORT BEND COUNTY MEDICS WERE CALLED TO THE LOCATION WHERE THE SUBJECT'S (DECEDENT) VITALS WERE CHECKED AND HE WAS CLEARED BY MEDICS. THE SUBJECT (DECEDENT) WAS TRANSPORTED TO THE FORT BEND COUNTY SHERIFF'S OFFICE DETENTION FACILITY WHERE THE SUBJECT BEGAN HAVING MEDICAL ISSUES SO FORT BEND COUNTY DEPUTY SUMMONED ASSISTANCE FROM FORT BEND COUNTY SHERIFF'S OFFICE DETENTION FACILITY MEDICAL STAFF. SUBJECT (DECEDENT) WAS TRANSPORTED TO OAK BEND HOSPITAL WHERE CPR WAS INITIATED ALONG WITH MEDICAL AID FROM STAFF. SUBJECT (DECEDENT) WAS PRONOUNCED DECEASED IN THE EMERGENCY ROOM ON JULY 2ND, 2024 AT 6:00 PM.

INVESTIGATION WAS CONDUCTED BY TEXAS RANGER'S OFFICE, FORT BEND COUNTY SHERIFF'S

OFFICE, THE FORT BEND COUNTY DISTRICT ATTORNEY'S OFFICE AND THE FORT BEND COUNTY MEDICAL EXAMINER'S OFFICE.

NOTE: AUTOPSY REPORT (FORT BEND MEDICAL EXAMINER) WAS COMPLETED AND ON FILE WITH REPORTING LAW ENFORCEMENT AGENCY.