



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 26-834-CJ

Version Type: ORIGINAL  
VERSION

Report Date: 10/22/2026 3:05  
PM

Status: Submitted

## Agency/Facility Information

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Agency Name: Harris County  
Sheriff's Dept.

Agency Address: 1200 Baker Street

Agency City: Houston

Agency State: TX

Agency Zip: 77002

## Director Information

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Director Salutation: Sheriff

Director First Name: Ed

Director Middle Name:

Director Last Name: Gonzalez

Reporter Name: Kelly Murphy

Reporter Email: kelly.murphy@sheriff.hctx.net

## Decedent Information

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## Identity of Deceased

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First Name: Quang

Middle Name:

Last Name: Truong

Suffix:

Date of Birth: 2/15/1958

Sex: Male

Race: Asian or Pacific  
Islander

Age At Time Of Death: 68

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

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Date/Time of Custody or  
Incident: 9/3/2026 10:00 AM

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

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Death Date and Time: 9/24/2026 5:29 PM

## Manner / Cause of Death

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

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Medical Examiner/Coroner Yes, results  
Evaluation?: pending

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

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Pending autopsy

Manner of Death: results

## Medical Cause of Death:

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Medical Cause of Death:

Pending autopsy report

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

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Medical Treatment: Yes

If death was an accident, homicide or suicide, who caused the death?

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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)

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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?

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Pre existing medical condition?: Pre-existing medical condition

If death was an accident, homicide or suicide, what was the means of death?

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Means of Death: Not applicable, cause of death was illness/natural cause

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 1401 St Joseph  
Parkway

City: Houston

County: Harris

Zip: 77002

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

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Location Category: Other, specify

Other Location Category:

Hospital

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

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Type of Custody: County Jail

Specific type of custody/facility:

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Specific Type of Custody/Facility:

Hospital/Infirmary

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):

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Entry Date Time: 9/3/2026 10:02 PM

Where did the death occur?

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Death Location: Medical facility

## General Information

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

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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?

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Offense 1:

Fail to Comply Sexual Offender

Offense 2:

Offense 3:

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

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Type of Offense: Other, specify

Type of Offense, Other:

Fail to Comply Sexual Offender

At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon?

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Decedent display/use of  
weapons: Unknown

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

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Attempt to Injure Others?: Unknown

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

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Appear intoxicated (alcohol or  
drugs): Unknown

Make suicidal statements?: Unknown

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Unknown

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

|                                           |         |                                           |         |
|-------------------------------------------|---------|-------------------------------------------|---------|
| Barricade self or initiate standoff?:     | Unknown | Resist being handcuffed or arrested?:     | Unknown |
| Physically attempt/assault officer(s):    | Unknown | Gain possession of officer's weapon:      | Unknown |
| Verbally threaten other(s) including law: | Unknown | Escape or attempt to escape/flee custody: | Unknown |
| Attempt gain possession officer's weapon: | Unknown |                                           |         |

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

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

Summary:

On Tuesday, September 22, 2026, the decedent was medically treated in the jail clinic and subsequently transported by the Houston Fire Department personnel to an outside hospital. On Thursday, September 24, 2026, the decedent went into cardiac arrest, life saving measures were performed. At 5:29 p.m. a medical provider pronounced death.