KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 19-318-CJ | Version Type: | AMENDED |
| Report Date: | 9/30/2019 8:57 AM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Taylor County Sheriff's Office | Agency Address: | 450 Pecan |
| Agency City: | Abilene | Agency State: | TX |
| Agency Zip: | 79602 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Ricky |
| Director Middle Name: | | | |
| Director Last Name: | Bishop | | |
| Reporter Name: | Ricky Bishop | Reporter Email: | ricky.bishop@taylorcounty.texas.gov |

## Decedent Information

### Identity of Deceased

First Name: QUILLA

Middle Name: MARSH

Last Name: MOORE

Suffix:

Date of Birth: 10/7/1955 Sex: Male

Race: Black or African American

Age At Time Of Death: 63

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

Date/Time of Custody or Incident: 4/2/2019 3:10 PM

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

Death Date and Time: 4/2/2019 8:37 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:

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: 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: Unknown

# Location / Custody Information

## Where did the event causing the death occur?

Street Address: 910 SOUTH 27TH City: ABILENE

County: Taylor Zip: 79602

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: 12/13/2018 9:50 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:

INJURY CHILD/ELDERLY/DISABLE W/INT BODILY INJURY

Offense 2:

A-ASSLT CAUSES BODILY INJURY F/V

Offense 3:

PAROLE--POSS C/S

Were the Charges:: Filed

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

Type of Offense: Violent Crime Against Persons; Crimes Against Child(ren)

## 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?: | N/A | Resist being handcuffed or arrested?: | N/A |
| Physically attempt/assault | | Gain possession of officer's | |

| | | | |
|---|---|---|---|
| officer(s): | N/A | weapon: | N/A |
| Verbally threaten other(s) including law: | N/A | Escape or attempt to escape/flee custody: | N/A |
| 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:

SUBJECT PASSED OUT IN HIS CELL. A NURSE WAS CALLED TO THE CELL. HIS BLOOD PRESSURE WAS LOW AND WAS COMPLAINING OF ABDOMINAL PAIN. AN AMBULANCE WAS CALLED AND HE WAS TRANSPORTED TO THE HOSPITAL. APPROX. 5 HOURS LATER HE WENT INTO CARDIAC ARREST AND CPR WAS GIVEN. HE WAS PRONOUNCED BY THE ER DOCTOR AND AN AUTOPSY ORDERED BY THE JP. TEXAS RANGER JOSH BURSON IS CONDUCTING THE INVESTIGATION.