KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-966-CJ	Version Type:	AMENDED
Report Date:	9/25/2019 3:16 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Tarrant County Sheriff's Office	Agency Address:	200 Taylor St., Plaza Bldg. 7th Floor
Agency City:	Fort Worth	Agency State:	TX
Agency Zip:	76196		

Director Information

Director Salutation:	Sheriff	Director First Name:	Bill
Director Middle Name:			
Director Last Name:	Waybourn		
Reporter Name:	Michael Gravitt	Reporter Email:	mlgravitt@tarrantcounty.com

Decedent Information

Identity of Deceased

First Name: Robert

Middle Name: Geron

Last Name: Miller

Suffix:

Date of Birth: 11/7/1980

Sex: Male

Race: Black or African American

Age At Time Of Death: 38

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

Date/Time of Custody or Incident: 7/31/2019 2:58 PM

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

Death Date and Time: 8/1/2019 5:45 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: Natural

Medical Cause of Death:

Medical Cause of Death:

Sickle Cell Crisis

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?:	Pre-existing medical condition

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

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

Location / Custody Information

Where did the event causing the death occur?

Street Address:	100 N. Lamar	City:	Fort Worth
County:	Tarrant	Zip:	76196

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 - single 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:	7/31/2019 2:00 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:
Criminal Mischief $750 - $2500	
	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:	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?:	Yes (select all that apply)
Ways Decedent Attempted To Injure Others:	Attempted to injure law enforcement personnel

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?:	Yes
Physically attempt/assault officer(s):	Yes	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; Leg Shackles

Summary of Incident

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

Summary:

Inmate Robert G. Miller, B/M 11/07/1980 was booked into the Tarrant County Jail on July 31, 2019. Inmate Miller was booked on a charge of Criminal Mischief $750 - $2500. At the time of booking, Miller reported no medical concerns to the medical staff. During the Booking process Miller was uncooperative and struggled with officers and was pepper sprayed. After the altercation, Miller was decontaminated and examined by medical and escorted to his assigned housing unit 55-A. At 1525 hours a medical code was called and medical responded with a crash cart. Inmate Miller was found in his cell unresponsive. He was stabilized and transported to John Peter Smith Hospital for further medical care and treatment by Medstar Ambulance. Miller was admitted to the hospital in ICU where he remained until the time of his death. He was declared deceased by Doctor Manuel Lois at 0545 hours on August 01, 2019.