KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-793-CJ	Version Type:	AMENDED
Report Date:	4/12/2021 11:39 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Montgomery County Sheriff's Dept.	Agency Address:	#1 Criminal Justice Drive
Agency City:	Conroe	Agency State:	TX
Agency Zip:	77301		

Director Information

Director Salutation:	Sheriff	Director First Name:	Rand
Director Middle Name:			
Director Last Name:	Henderson		
Reporter Name:	Paul Hahs	Reporter Email:	paul.hahs@mctx.org

Decedent Information

Identity of Deceased

First Name: Sarah

Middle Name: Elizabeth

Last Name: Reeves

Suffix:

Date of Birth: 11/23/1987 Sex: Female

Race: Anglo or White

Age At Time Of Death: 32

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

Date/Time of Custody or Incident: 8/3/2020 1:49 AM

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

Death Date and Time: 8/5/2020 5:30 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: Alcohol/Drug Intoxication

Medical Cause of Death:

Medical Cause of Death:

Toxicity due to the combined effects of multiple narcotics

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

Medical Treatment: Yes

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?: 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?: 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: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address:	East River Road @ Kennedy	City:	Splendora
County:	Montgomery	Zip:	77372

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: County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:

Jail - holding 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: 8/3/2020 1:49 AM

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:

Parole Violation (Blue Warrant)

Offense 2:

Offense 3:

Were the Charges:: A probation/parole violation

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:

Traffic Offense

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?: No

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:	No

Summary of Incident

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

Summary:

Decedent was brought to jail by the Pct 4 Constables Office on a Parole Warrant. During a regular check, jail staff observed Decedent suffering what appeared to be a seizure and called for medical staff. During the medical evaluation, NARCAN was administered but was ineffective. The Jail Medics called for EMS to transport the Decedent to the hospital and while EMS was prepping her for transport, the Decedent's heart and respiration stopped functioning. EMS began CPR and was able to obtain a pulse, at which time they transported the Decedent to the hospital. Decedent survived on life support until August 5th, at which time the family decided to remove support and she passed away. An autopsy was performed at the Montgomery County Forensic Services Department and the results of that autopsy are pending.