KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-372-CJ	Version Type:	AMENDED
Report Date:	7/18/2017 1:34 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Victoria County Sheriff's Office	Agency Address:	101 N. Glass
Agency City:	Victoria	Agency State:	TX
Agency Zip:	77901		

Director Information

Director Salutation:	Sheriff	Director First Name:	T. Michael
Director Middle Name:			
Director Last Name:	O'Connor		
Reporter Name:	Joseph Randolph	Reporter Email:	jrandolph@vctx.org

Decedent Information

Identity of Deceased

First Name: Michael

Middle Name: Anthony

Last Name: Rivera

Suffix:

Date of Birth: 7/23/1982 Sex: Male

Race: Anglo or White

Age At Time Of Death: 34

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

Date/Time of Custody or Incident: 7/17/2017 10:41 PM

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

Death Date and Time: 7/18/2017 2:28 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Toxic effects of methamphetamine

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

Medical Treatment: Unknown

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?: 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:	101 N Glass	City:	Victoria
County:	Victoria	Zip:	77901

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 - 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:	7/17/2017 10:21 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?:	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:

Possession of Marijuana under 2 ounces

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:	Alcohol / drug 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):	Unknown	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		Gain possession of officer's	

officer(s):	No	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:

What we believe happened:
Passenger in vehicle that was stopped, arrested for possession of marijuana under 2 ounces. Once at the jail and in the holding cell he started having a medical emergency. Was asked several different times what he had taken, he would not answer (other than to ask for his attorney). Started convulsing, was transported by EMS (had cardiac event while in the ambulance) and was pronounced deceased at the hospital. The hospital stated that he had marijuana and methamphetamines in his system. We believe that he ingested the methamphetamines so that he woul not be arrested for it. Awaiting results from medical examiner.