KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-431-CJ	Version Type:	ORIGINAL VERSION
Report Date:	8/23/2017 2:52 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Val Verde County Sheriff's Dept.	Agency Address:	PO BOX 1201
Agency City:	Del Rio	Agency State:	TX
Agency Zip:	78840		

Director Information

Director Salutation:	Sheriff	Director First Name:	Joe
Director Middle Name:			
Director Last Name:	Martinez		
Reporter Name:	Ryan Lowe	Reporter Email:	rlowe@valverdesheriff.com

Decedent Information

Identity of Deceased

First Name: Arturo

Middle Name: Medina

Last Name: Gonzalez

Suffix:

Date of Birth: 11/29/1959 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 57

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

Date/Time of Custody or Incident: 1/26/2017 12:00 AM

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

Death Date and Time: 8/11/2017 10:00 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 pending

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Decedent had history of heart conditions. Medical Examiner preliminary cause of death relates to heart disease.

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?: 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: Other, specify

Means of Death Other: Heart Disease (M.E. preliminary ruling)

Location / Custody Information

Where did the event causing the death occur?

Street Address:	295 FM 2523 Hamilton Lane	City:	Del Rio
County:	Val Verde	Zip:	78840

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

Location Category: Other, specify

Other Location Category:

Val Verde County Jail

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: 1/26/2017 12:00 AM

Where did the death occur?

Death Location: Elsewhere, specify

Death Location Elsewhere:

Val Verde County Jail

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:

N/A

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: Other, specify

Type of Offense, Other:

N/A

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):	N/A	Make suicidal statements?:	N/A
Exhibit any mental health problems?:	N/A	Exhibit any medical problems?:	N/A

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 officer(s):	N/A	Gain possession of officer's weapon:	N/A
Verbally threaten other(s) including law:	No	Escape or attempt to escape/flee custody:	No
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:

Decedent was found unresponsive by his cell mate. Decedent was I the cell alone and was eating a bowl of soup at the time of the fatal event. Val Verde County EMS attempted life saving efforts but were unsuccessful.