KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-493-CJ	Version Type:	AMENDED
Report Date:	9/19/2017 7:21 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	El Paso County Sheriff's Dept.	Agency Address:	3850 Justice Road
Agency City:	El Paso	Agency State:	TX
Agency Zip:	79938		

Director Information

Director Salutation:	Sheriff	Director First Name:	Richard
Director Middle Name:			
Director Last Name:	Wiles		
Reporter Name:	Eduardo Jr Gutierrez	Reporter Email:	edgutierrez@epcounty.com

Decedent Information

Identity of Deceased

First Name: Robert

Middle Name:

Last Name: Gallegos

Suffix:

Date of Birth: 7/1/1959 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 58

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

Date/Time of Custody or Incident: 6/10/2017 8:30 PM

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

Death Date and Time: 9/16/2017 10:10 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:

Peritonitis due to ruptured bowel

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?: Could not be determined

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:	12501 Montana	City:	El Paso
County:	El Paso	Zip:	79938

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: 6/10/2017 8:30 PM

Where did the death occur?

Death Location: Elsewhere, specify

Death Location Elsewhere:

Cell 1407-A

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 Trespass

Offense 2:

Offense 3:

Were the Charges:: Filed

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?: 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?:	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:

On 09/16/2017, at approximately 0425 hrs El Paso County Sheriff`s Detention Officer M. McBain # 8407 initiated feeding in cell block 10, cell 1407-A. Officer called out “chow” and DECEASED didn’t respond. He entered cell 1407-A and immediately observed Gallegos, Robert DOB: 07/01/1959/DECEASED, pale. He tapped him on the arm three times with no response, cold to the touch and no pulse. The clinical staff and the Sgt. on duty were notified. Officer McBain along with Sgt. A. Sandate proceeded with the Ambu kit and started CPR. At approximately 0445 hrs. Clinic staff (Nurses Gardea and Beltran) arrived on scene and assisted and continued with CPR and administered AED on the DECEASED. At approximately 0512 hrs El Paso Fire Department arrived on scene and proceeded with CPR. At approximately 0520 hrs El Paso Fire Department personnel advised inmate was deceased. All officers and staff initiated supplement reports, gave statements and attached to said case.