KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-1-UF	Version Type:	ORIGINAL VERSION
Report Date:	1/4/2018 10:34 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Real County Sheriff's Dept.	Agency Address:	PO BOX 445
Agency City:	Leakey	Agency State:	TX
Agency Zip:	78873		

Director Information

Director Salutation:	Sheriff	Director First Name:	Nathan
Director Middle Name:			
Director Last Name:	Johnson		
Reporter Name:	Nathan Johnson	Reporter Email:	sheriffnathanjohnson@co.real.tx.us

Decedent Information

Identity of Deceased

First Name: Shana

Middle Name: Diane

Last Name: Musquiz

Suffix:

Date of Birth: 11/4/1987 Sex: Female

Race: Anglo or White

Age At Time Of Death: 30

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

Date/Time of Custody or Incident: 1/2/2018 6:20 AM

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

Death Date and Time: 1/2/2018 6:20 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: Homicide (includes Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

Gunshot wounds

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?:	Law enforcement/correctional personnel

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?:	Handgun

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:	Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address:	206 East 4th St.	City:	Camp Wood
County:	Real	Zip:	78873

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

Location Category:	Parking lot/garage

What type of custody/facility was the Decedent in at the time of death:

Type of Custody:	Pre-Custodial Use of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:
N/A

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:	1/2/2018 6:20 AM

Where did the death occur?

Death Location:	Dead on arrival at 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:

13150011 AGG ASSAULT AGAINST PUBLIC SERVANT 22.02(b)(2)(B) PC F1

Offense 2:

52130005 DEADLY CONDUCT DISCHARGE FIREARM 22.05(b) PC F3

Offense 3:

38060010 INTERFER W/CHILD CUSTODY 25.03 PC FS

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:	Violent Crime Against Persons; Crimes Against Child(ren)

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:	Yes, mark all that apply
Decedent Display or Use Weapon Details:	Displayed firearm without discharge; Discharged firearm

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; Attempted to injure

civilian(s) or other inmate(s)	

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?:	Yes
Exhibit any mental health problems?:	Unknown	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?:	N/A
Physically attempt/assault officer(s):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Yes	Escape or attempt to escape/flee custody:	N/A
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:

In the early morning hours of 01-02-2017, Real County Sheriff Office Dispatch received a 911 call regarding a domestic disturbance and the custody of a minor child. The caller indicated the disruptive family member was an aunt, identified as Shana Musquiz DOB 11-04-1987. The caller stated Shana Musquiz was attempting to take the child from the custody of the parent and leave the area.

The on-call sheriff deputy, Officer Ortiz, was dispatched to the Hill Country Motel in Camp Wood, Texas. When the Deputy Ortiz advised Shana Musquiz she would have to relinquish the child because she did not have a custodial interest in the minor child, Shana Musquiz obtained a firearm from her motor vehicle and discharged a round at the deputy and others standing in the immediate vicinity. The officer returned fire, Shana Musquiz was incapacitated, and later expired after being transported to Uvalde Memorial Hospital.