KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-318-CJ	Version Type:	AMENDED
Report Date:	6/8/2018 7:45 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:	James Belknap	Reporter Email:	jbelknap@epcounty.com

Decedent Information

Identity of Deceased

First Name: Wallace

Middle Name:

Last Name: Sims

Suffix:

Date of Birth: 5/21/1948 Sex: Male

Race: Black or African American

Age At Time Of Death: 69

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

Date/Time of Custody or Incident: 4/6/2018 6:31 PM

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

Death Date and Time: 4/26/2018 11:19 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:

Ruptured Dissecting Aortic Aneurysm

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 Ave	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:	4/6/2018 6:31 PM

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:

Parole Violation

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: Violent Crime Against Persons

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:

04/26/2018 Inmate SIMS was being housed in administrative segregation, a single man cell, locked down. At approximately 0710hrs. Cpl. Sais and Detention Officer Burke began their start of shift headcount. Cpl. Sais states that he did observe movement from Inmate SIMS during headcount by way of foot movement. Cpl. Sais reports that during the inmate checks between 0710hrs. and 0900hrs he observed that inmate Sims did have changes in his leg and foot position while lying in his bunk appearing to be asleep. At approximately1018hrs. Cpl. Saiz and Officer Burke began feeding in cell block 820. Cpl. Saiz observed that SIMS was unresponsive. Medical Staff was requested C.P.R. and an A.E.D. was administered. At 1040hrs. E.M.S. arrived and transported SIMS to a local hospital. At 1119 hrs. SIMS was pronounced dead at the Hospital.