KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-330-C	Version Type:	AMENDED
Report Date:	10/8/2019 4:43 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Floresville Police Dept.	Agency Address:	920 C Street
Agency City:	Floresville	Agency State:	TX
Agency Zip:	78114		

Director Information

Director Salutation:	Chief	Director First Name:	LORENZO
Director Middle Name:			
Director Last Name:	HERRERA		
Reporter Name:	Perry Hyden	Reporter Email:	phyden@floresvilletx.gov

Decedent Information

Identity of Deceased

First Name: Emmanuel

Middle Name: Martinez

Last Name: Mireles

Suffix:

Date of Birth: 11/8/1978 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 40

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

Date/Time of Custody or Incident: 3/24/2019 4:11 AM

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

Death Date and Time: 3/24/2019 5:00 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: Alcohol/Drug Intoxication

Medical Cause of Death:

Medical Cause of Death:

Died as a result of the toxic effects of methamphetamine causing excited delirium syndrome complicated by a terminal struggle with cardiomegaly contributing. No significant traumatic injuries were identified that would have caused or contributed to death.

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?: Decedent

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:	907 E Street	City:	Floresville
County:	Wilson	Zip:	78114

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

Location Category: Residence/Home

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

Type of Custody: Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel subsequent to arrest

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:

Entry Date Time N/A: ☑

Where did the death occur?

Death Location: Scene of incident

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:

Resisting Arrest

Offense 2:

Criminal Mischief

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: 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?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Attempted to injure law enforcement personnel

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs): Yes

Make suicidal statements?: No

Exhibit any mental health problems?:	Unknown	Exhibit any medical problems?:	Unknown

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?:	Yes
Physically attempt/assault officer(s):	Yes	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

Police were called to a disturbance where the deceased was tearing up a house. Upon arrival, officers attempted to talk with the deceased in a calming, yet commanding, voice. The deceased appeared to be on narcotics as he was very agitated and his speech was irrational. He refused all verbal commands to cooperate and then lunged at an officer. The officer utilized an Electronic Control Device (TASER) to gain control of him. The device was deployed 3 times. After he was more compliant, officers were able to apply handcuffs while the deceased still continued to offer slight resistance. After he was handcuffed, officers called EMS for the TASER deployment. While awaiting EMS response, the deceased became unresponsive. Officers attempted chest compressions until EMS arrived. The deceased was transported to the hospital where he was pronounced deceased at 0500 hours.