KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-540-C	Version Type:	AMENDED
Report Date:	3/3/2020 11:15 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Maverick County Sheriff's Dept.	Agency Address:	1051 Balboa Jones Memorial Blvd.
Agency City:	Eagle Pass	Agency State:	TX
Agency Zip:	78852		

Director Information

Director Salutation:	Sheriff	Director First Name:	Tom
Director Middle Name:			
Director Last Name:	Schmerber		
Reporter Name:	Roberto De Leon	Reporter Email:	robert.deleon@co.maverick.tx.us

Decedent Information

Identity of Deceased

First Name: Encarnacion

Middle Name:

Last Name: Guerrero

Suffix:

Date of Birth: 2/3/1977 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 42

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

Date/Time of Custody or Incident: 5/8/2019 6:37 AM

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

Death Date and Time: 5/8/2019 7:30 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

This 42 Year old Hispanic male Encarnacion Guerrero , Died from mixed drug intocication(an overdose of methamphetamine and cocaine. The manner of death is accident

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:	747 Anacua St	City:	Eagle Pass
County:	Maverick	Zip:	78852

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:	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:

Family Violence

Offense 2:

Resisting arrest of Detention

Offense 3:

Criminal Mischief

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

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 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): Yes

Make suicidal statements?: Yes

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

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:	Yes	Escape or attempt to escape/flee custody:	Yes
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:

On Wednesday, May 8, 2019 at approximately 0631 hrs. Maverick County units were dispatched to 747 Anacua st. in reference to a disturbance in progress. Deputies arrived and noticed that his wife later identified as Christina Rodriguez was holding him down due to Mr. Guerrero kicking and screaming that someone was trying to kill him. Deputies tried to calm down Mr. Guerrero with to no success. Subject be came combative with the deputies which necessary force was used to detain said subject. Mr. Guerrero was then transport via ambulance to the Fort Duncan Regional Medical Center. Where he was pronounced deceased.