KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-59-PF	Version Type:	ORIGINAL VERSION
Report Date:	1/24/2019 4:39 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	GEO Group - Eagle Pass Correctional Facility	Agency Address:	742 TX Hwy 131
Agency City:	Eagle Pass	Agency State:	TX
Agency Zip:	78852		

Director Information

Director Salutation:	Warden	Director First Name:	Waymon
Director Middle Name:			
Director Last Name:	Barry		
Reporter Name:	Waymon Barry	Reporter Email:	wbarry@geogroup.com

Decedent Information

Identity of Deceased

First Name: Kim

Middle Name:

Last Name: Taylor

Suffix:

Date of Birth: 8/16/1962 Sex: Male

Race: Anglo or White

Age At Time Of Death: 56

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

Date/Time of Custody or Incident: 9/12/2018 12:00 PM

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

Death Date and Time: 1/6/2019 3:30 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

What was the manner of death? (select only one)

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Cardiac Arrest

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:	Not Applicable

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?:	Deceased developed condition after admission

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:	742 TX Hwy 131	City:	Eagle Pass
County:	Maverick	Zip:	78852

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:	Private Facility

Specific type of custody/facility:

Specific Type of Custody/Facility:
Jail - multiple occupancy 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:	
Entry Date Time N/A:	☑

Where did the death occur?

Death Location:	Medical facility

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:

Lewd and Lascivious Conduct with a Minor

Offense 2:

Offense 3:

Were the Charges:: Convicted

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: 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: 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?: 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?:	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs; Leg Shackles

Summary of Incident

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

Summary:

On 1/6/19 at 0050 hours, C/O Mireles in Unit A1 was told by cellmates that Inmate Kim Taylor #33222 in bed 47 was not feeling well. C/O Mireles responded to the cell and spoke with Inmate Taylor. Nurse Chavarria was notified and responded to the dorm. Inmate Taylor was evaluated and was taken to the medical unit in a wheelchair. It was determined that Inmate Taylor needed to be transported by ambulance to the Fort Duncan Regional Medical Center emergency room in Eagle Pass Texas. EMS was
notified at 0110 hours. Before the ambulance arrived, Inmate Taylor began having problems breathing then became nonresponsive and CPR was initiated. EMS arrived on scene at approximately 0130 hours and departed with Inmate Taylor at approximately 0147 hours followed by a facility chase vehicle. EMS arrived at hospital. CPR was continued but resuscitation was not successful. The attending physical established the time of death as 0301 hours. Maverick County Sheriff's Office was notified and dispatched Deputy Sgt. Horta and Justice of the Peace Rosanna Rios. Case #MC19000071 was assigned. There was no indication of foul play noted during the preliminary investigation and the death ruled as natural cause, cardiac arrest.