KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-760-UF	Version Type:	ORIGINAL VERSION
Report Date:	8/16/2019 4:36 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	El Paso Police Dept.	Agency Address:	911 N. Raynor
Agency City:	El Paso	Agency State:	TX
Agency Zip:	79903		

Director Information

Director Salutation:	Chief	Director First Name:	Gregory
Director Middle Name:	K		
Director Last Name:	Allen		
Reporter Name:	David Camacho	Reporter Email:	2689@elpasotexas.gov

Decedent Information

Identity of Deceased

First Name: Christine

Middle Name:

Last Name: Vengas

Suffix:

Date of Birth: 6/1/1981 Sex: Female

Race: Hispanic or Latino

Age At Time Of Death: 38

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

Date/Time of Custody or Incident: 7/3/2019 10:18 AM

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

Death Date and Time: 7/3/2019 3:50 PM

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 wound

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?: 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?: Rifle/shotgun

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: 5150 El Paso Dr
City: El Paso
County: El Paso
Zip: 79903

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

Location Category: Other, specify

Other Location Category:

Food Stamp office in El Paso Texas.

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:

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?: 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:

Aggravated Assault with a Deadly Weapon

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed firearm without discharge

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?:	Yes	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?:	Yes	Resist being handcuffed or arrested?:	No
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:

El Paso Police officers were dispatched to a subject with a gun at 5150 El Paso Dr. (Food Stamp Office).Officers arrived on scene and evacuated the building containing .Decedent was barricaded and she had threatened parties in the building with a gun. The decedent exited the office she was barricaded after hours of failed negotiations and pointed a weapon at SWAT officers. One Swat Officer fired his service rifle, ultimately lead to the decedent's death.