KEN PAXTON
ATTORNEY GENERAL of TEXAS

**CUSTODIAL DEATH REPORT**

# Agency Information

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|---|---|---|---|
| CDR Number: | 19-862-CJ | Version Type: | ORIGINAL VERSION |
| Report Date: | 9/4/2019 10:51 AM | Status: | Submitted |

## Agency/Facility Information

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|---|---|---|---|
| Agency Name: | McLennan County Sheriff's Dept. | Agency Address: | 901 Washington |
| Agency City: | Waco | Agency State: | TX |
| Agency Zip: | 76701 | | |

## Director Information

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|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Parnell |
| Director Middle Name: | | | |
| Director Last Name: | McNamara | | |
| Reporter Name: | Jason Davis | Reporter Email: | jason.davis@co.mclennan.tx.us |

# Decedent Information

### Identity of Deceased

First Name: Juan

Middle Name: Manual

Last Name: Medrano

Suffix:

Date of Birth: 5/5/1964 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 54

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

Date/Time of Custody or Incident: 10/17/2016 7:21 PM

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

Death Date and Time: 3/29/2019 11:44 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:

Renal failure complicating hypertensive cardiovascular disease and diabetes mellitus

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

Medical Treatment: Yes

## 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?: Pre-existing medical condition

## 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: | 6901 Medical Pkwy | City: | Waco |
| County: | McLennan | Zip: | 76712 |

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

Location Category: Other, specify

Other Location Category:

Hospital

## 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:

Hospital/Infirmary

## 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: 10/17/2016 7:21 PM

## 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 Sexual Assault of a Child

Offense 2:

Immigration Detainer

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: 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: | No |

## Summary of Incident

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

Summary:

Mr. Medrano was seen in the McLennan County Jail Medical Unit and treated for an infection on his right, great toe. Mr. Medrano was a diabetic and the facility's Physician's Assistant (PA) followed up after treatment. The PA noticed that Mr. Medrano's vital signs were elevated and ran blood work. It was found that Mr. Medrano was sent to the hospital and it was determined he was having issues with his kidneys. Mr. Medrano was eventually admitted to the hospital where he was being treated in the Intensive Care Unit. Mr. Medrano eventually was placed on life support and did not recover. Mr. Medrano died shortly after being removed from life support systems.