KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-978-PF	Version Type:	ORIGINAL VERSION
Report Date:	10/1/2019 10:48 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Karnes County Sheriff's Dept.	Agency Address:	210 W. Calvert Suite 110
Agency City:	Karnes City	Agency State:	TX
Agency Zip:	78118		

Director Information

Director Salutation:	Sheriff	Director First Name:	Dwayne
Director Middle Name:			
Director Last Name:	Villanueva		
Reporter Name:	Sylvia Petersen	Reporter Email:	sypetersen@geogroup.com

Decedent Information

Identity of Deceased

First Name: Ricardo

Middle Name:

Last Name: Robles

Suffix:

Date of Birth: 4/30/1988 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 31

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

Date/Time of Custody or Incident: 9/18/2019 11:30 AM

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

Death Date and Time: 9/18/2019 12:17 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 pending

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

Pending autopsy

Manner of Death: results

Medical Cause of Death:

Medical Cause of Death:

Unknown pending autopsy results.

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

Medical Treatment: No

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?: Could not be determined

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	810 Commerce St.	City:	Karnes City
County:	Karnes	Zip:	78118

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 - single 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:	9/4/2019 1:00 PM

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?:	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:

Possession with intent to distribute heroin

Offense 2:

Escape from halfway house

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: Other, specify

Type of Offense, Other:

Escape from Halfway house

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?: No

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:

On September 18, 2019 at approximately 1130 hours staff noticed the detainee was unresponsive in the cell. No sign of distress or struggle. Staff responded by entering the cell and began CPR. Medical staff and EMS were notified and responded. EMS transported detainee to local emergency room. Life saving measures continued. ER physician pronounced death at 1217 hours. Law enforcement were notified and conducted an investigation. Autopsy was ordered. Cause of death pending the results of the autopsy.