KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-483-CJ	Version Type:	AMENDED
Report Date:	11/24/2020 11:01 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Castro County Sheriff's Dept.	Agency Address:	900 E. Bedford
Agency City:	Dimmitt	Agency State:	TX
Agency Zip:	79027		

Director Information

Director Salutation:	Sheriff	Director First Name:	Salvador
Director Middle Name:	S.		
Director Last Name:	Rivera		
Reporter Name:	Salvador Rivera	Reporter Email:	srivera@castrocounty.org

Decedent Information

Identity of Deceased

First Name: GUADALUPE

Middle Name:

Last Name: RAMIREZ

Suffix: JR

Date of Birth: 10/25/1964 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 55

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

Date/Time of Custody or Incident: 8/5/2019 6:32 PM

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

Death Date and Time: 5/25/2020 2:33 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:

I. PNEUMONIA

II. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE

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?: 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: 602 INDIANA AVE
City: LUBBOCK
County: Lubbock
Zip: 79415

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:

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:

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:

SEXUAL ASSAULT OF A CHILD

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; 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?:	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:	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:

INMATE GUADALUPE RAMIREZ JR. WAS TAKEN TO THE MEDICAL CENTER IN DIMMITT, TEXAS ON MAY 7, 2020 DUE TO HIM COMPAINING OF LEG AND BACK PAIN WHICH WAS CAUSING HIM TO HAVE ISSUES BEING ABLE TO GET UP AND WALK AROUND. MEDICAL STAFF X-RAYED RAMIREZ AND SENT HIM BACK TO THE JAIL WITH THE INSTRUCTIONS TO GIVE HIM OTC PAIN MEDICATIONS. CRUTCHES WERE PROVIDED FOR RAMIREZ TO BE ABLE TO MOVE AROUND. RAMIREZ WAS MOVED TO A SINGLE CELL DUE TO THE FACT THAT CRUTCHES COULD BE USED AS A WEAPON AGAINST OTHER INMATES OR JAIL STAFF. RAMIREZ ON 05/24/2020 AT APPROXIMATELY 9:38 PM REQUESTED ASSISTANCE DUE TO HIM BEING IN PAIN AND NOT ABLE TO MOVE. DEPUTY AND

JAILER HAD DISPATCH CONTACT CASTRO COUNTY EMS WHICH ARRIVED AND TRANSPORTED RAMIREZ TO THE PLAINS MEMORIAL HOSPITAL IN DIMMITT, CASTRO COUNTY, TEXAS. RAMIREZ WAS ALERT AND SPEAKING WITH THE EMS PERSONNEL AND THE JAILER AND DEPUTY. RAMIREZ WAS INITIALLY HANDCUFFED WITH THE RESTRAINTS PLACED ON THE FRONT OF HIS BODY AND TWO SETS OF HANDCUFFS WERE USED DUE TO RAMIREZ'S BODY SIZE. ONCE AT THE HOSPITAL, DEPUTY TOOK OFF RESTRAINTS SO THAT MEDICAL PERSONNEL COULD TREAT RAMIREZ WHO WAS STILL AWAKE AND ALERT. RAMIREZ WAS TREATED AND DUE TO HIS MEDICAL CONDITION, THE DOCTOR HAD RAMIREZ FLOWN TO THE UMC HOSPITAL IN LUBBOCK, LUBBOCK COUNTY, TEXAS. RAMIREZ PASSED AWAY ON 05/25/2020 AT APPROXIMATELY 2:33 AM. TEXAS RANGER LT. MICHAEL PARKER WAS CONTACTED TO SEE IF HE COULD ASSIGN A RANGER TO INVESTIGATE THE DEATH DUE TO IT BEING AN INMATE THAT WAS IN OUR CUSTODY. RAMIREZ WAS BEING HOUSED FOR THE FLOYD COUNTY SHERIFF'S OFFICE DUE TO FLOYD COUNTY NOT HAVING A JAIL. RAMIREZ WAS SENT TO TARRANT COUNTY BY THE LUBBOCK COUNTY MEDICAL EXAMINER'S OFFICE FOR AN AUTOPSY TO BE CONDUCTED. AUTOPSY RESULTS ARE PENDING.

RECEIVED AUTOPSY REPORT CONCERNING THE DEATH OF GUADALUPE RAMIREZ FROM TEXAS RANGER MIKE SMITH. THE AUTOPSY REPORT IS FROM THE OFFICE OF CHIEF MEDICAL EXAMINER TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT. THE MANNER OF DEATH IS LISTED AS NATURAL AND THE CAUSE OF DEATH IS LISTED AS PNEUMONIA AND ATHEROSCLEROTIC CARDIOVASCULAR DISEASE.