KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-659-CJ	Version Type:	AMENDED
Report Date:	8/12/2020 10:08 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	El Paso County Sheriff's Dept.	Agency Address:	3850 Justice Road
Agency City:	El Paso	Agency State:	TX
Agency Zip:	79938		

Director Information

Director Salutation:	Sergeant	Director First Name:	John
Director Middle Name:			
Director Last Name:	Greer		
Reporter Name:	James Belknap	Reporter Email:	jbelknap@epcounty.com

Decedent Information

Identity of Deceased

First Name: Ronnie

Middle Name:

Last Name: Anderson

Suffix:

Date of Birth: 4/24/1962

Sex: Female

Race: Black or African American

Age At Time Of Death: 58

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

Date/Time of Custody or Incident: 4/5/2020 8:09 AM

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

Death Date and Time: 7/17/2020 11:37 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: Natural

Medical Cause of Death:

Medical Cause of Death:

Bilateral Pulmonary Thromboembolism due to Deep Venous Thrombosis of Lower Extemities

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?:	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:	601 E. Overland St.	City:	El Paso
County:	El Paso	Zip:	79901

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:	County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:
Jail - day room/recreation area

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:	4/5/2020 8:09 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:

Poss. CS PG 1

Offense 2:

Parole Violation

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: Alcohol / drug offense

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:

07/17/2020
Inmate ANDERSON, Ronnie was housed in cell block 840 1R which is a multi-occupancy cell block. Anderson was assigned to a 4 man cell, he was the only inmate in that cell. At approximately 2107 hrs. Medical staff was on the 8th floor dispensing medication, Nurse Urias was standing outside cell 840 waiting for an Officer escort. Nurse Urias was observing and communicating with inmate Anderson through the cell block hallway window. Anderson was standing at the time and had attempted to sit down on one of stools inside the cell block, he missed the stool and went to the floor in a seated position. Detention Officer Pardo and Nurse Urias entered the cell block, picked Anderson up and assisted him in sitting on the stool. Officer Pardo continued his cell checks while Nurse Urias stood by and was observing Anderson. Anderson fell to the floor a second time, both Officer Pardo and Nurse Urias went back into the cell block Anderson was unable to answer verbal commands but was responsive (squeezing the Nurses hand) on request. Anderson then became unresponsive and C.P.R. was started, an A.E.D. was deployed and emergency medical ambulance was requested at 2153 hrs. Ambulance arrived at 2201 hrs. and departed at 2209 hrs. for a local area hospital. Anderson was pronounced dead by Dr. Semeles at 2237hrs.