KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-769-CJ	Version Type:	AMENDED
Report Date:	9/23/2020 3:52 PM	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: Vicente

Middle Name:

Last Name: Ridriquez

Suffix:

Date of Birth: 4/5/1961 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 59

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

Date/Time of Custody or Incident: 8/3/2020 12:30 PM

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

Death Date and Time: 8/3/2020 12:30 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:

COVID-19
Contributing Conditions : Diabetes type 2 / Hypertension

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?:	Could not be determined

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:	12501 Montana Ave	City:	El Paso
County:	El Paso	Zip:	79938

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:
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:	7/23/2020 5:19 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:

Continuous Sexual Assault Child

Offense 2:

Indecency with Child

Offense 3:

Aggravated Sexual Assault Child

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:	No

Summary of Incident

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

Summary:

On June 6th, 2018 Vicente RODRIGUEZ DOB: 04/05/61 was booked into the El Paso County Detention Facility, on June 8th, 2020 RODRIGUEZ was transferred to the Jail Annex. On July 15th, 2020 while incarcerated at the Jail Annex, RODRIGUEZ was tested for the COVID 19 virus. On July 17th, 2020 RODRIGUEZ results came back negative.

On July 23rd, 2020 at 1653 hours RODRIGUEZ complained of shortness of breath. Medical Staff determined that he needed to be taken to the jail clinic for further evaluation. At approximately 1706 hours medical staff determined that RODRIGUEZ needed to be taken to the hospital. At approximately 1719 hours RODRIGUEZ was taken to a local area Hospital. A second COVID 19 test was administered at the hospital which returned as positive. On July 26th, 2020 while at the intensive care unit (ICU) offender RODRIGUEZ was intubated due to his health condition worsening.

On August 3rd, 2020 at 12:30pm hours, RODRIGUEZ succumbed to his illness, and was pronounced by Dr. Payan.