KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-1061-CJ	Version Type:	ORIGINAL VERSION
Report Date:	8/24/2021 4:24 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: Fernando

Middle Name: Serna

Last Name: Candelas

Suffix:

Date of Birth: 9/29/1999 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 21

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

Date/Time of Custody or Incident: 6/30/2021 5:09 AM

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

Death Date and Time: 6/30/2021 5:09 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Fentanyl Toxicity

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?: Decedent

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?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

Means of Death: Drug overdose

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 - multiple occupancy 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:	3/9/2021 6:46 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?:	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:

INTRANSIT / ILLEGAL RE-ENTRY

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: Other, specify

Type of Offense, Other:

Illegal Entry into the U.S. (Federal Charge)

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 06-30-21 at approximately 0410 hrs. officers received an emergency call via intercom from an unknown inmate in cell block 790 stating that there was an inmate that did not look well. Officers responded to the cell block and observed inmate Candelas A.K.A. OLIVAS, Fernando laying on the top bunk with vomit coming out of his mouth. Officers activated medical services and proceeded to remove the inmate from the top bunk and placed him on the floor. C.P.R. was started on the inmate. 0413 hrs. Medical staff arrived and continued C.P.R. an A.E.D. was deployed with negative results. 0427 hrs. E.M.S. arrived and took over the scene and continued C.P.R. At approximately 0433 E.M.S. left the floor with inmate to a local area hospital(Las Palmas). At approximately 0509 Candelas was pronounced dead at the Hospital.