KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 21-1449-CJ | Version Type: | AMENDED |
| Report Date: | 4/21/2022 1:41 PM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Webb County Sheriff's Office | Agency Address: | 902 Victoria Street |
| Agency City: | Laredo | Agency State: | TX |
| Agency Zip: | 78040 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Martin |
| Director Middle Name: | | | |
| Director Last Name: | Cuellar | | |
| Reporter Name: | Jaime Magana | Reporter Email: | jmagana@webbcountytx.gov |

## Decedent Information

### Identity of Deceased

First Name: ASHLEY

Middle Name: NICOLE

Last Name: CASTRO

Suffix:

Date of Birth: 11/13/1990 Sex: Female

Race: Hispanic or Latino

Age At Time Of Death: 30

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

Date/Time of Custody or Incident: 10/1/2021 6:42 AM

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

Death Date and Time: 10/9/2021 5:23 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:

This 30-Year-old female died from complications of COVID-19.

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

| | |
|---|---|
| Medical Treatment: | Unknown |

## 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)

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|---|---|
| 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?

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|---|---|
| Pre existing medical condition?: | Could not be determined |

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

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|---|---|
| Means of Death: | Not applicable, cause of death was illness/natural cause |

# Location / Custody Information

## Where did the event causing the death occur?

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|---|---|---|---|
| Street Address: | 1001 WASHITON | City: | LAREDO |
| County: | Webb | Zip: | 78041 |

### 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: 10/7/2021 9:17 AM

### Where did the death occur?

Death Location: Elsewhere, specify

Death Location Elsewhere:

MEDICAL DEPARTMENT

## 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 F/2

Offense 2:

POSS CS C/A

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): Unknown

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:

AT APPROXIMATELY 5:23AM ON 10-9-2021, MEDICAL WAS CALLED TO POST 4 BY OFFICERS ON UNRESPONSIVE FEMALE. UPON ARRIVAL OF MEDICAL FOUND FEAMLE INMATE ON THE FLOOR. INSTRUCTIONS WAS GIVEN BY MEDICAL TO PULL INMATE OUT HER CELL TO TAKE TO MEDICAL FOR COMPLETE ASSESSMENT AT THAT TIME VIA RQ WAS CALLED. INSTRUCTIONS WERE GIVEN TO OFFICERS TO INITIATE CPR AT THAT POINT LVN SAN JUAN BOYD IMMEDIATELY RESPONDEDAND STARTED COMPRESSIONS INMATE WAS PLACED ON OXGEN AT 5:32 EMS ARRIVED AND TOOK OVER. EMS CONNECTED INMATE TO CARDIAC MONITOR DEFIBRILLATOR BY EMS PARAMEDIC AND CALLED TIME OF DEATH APPROXIMATELY 5:37AM