KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-1453-UF	Version Type:	AMENDED
Report Date:	5/5/2022 12:10 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Denver City Police Dept.	Agency Address:	PO BOX 1539
Agency City:	Denver City	Agency State:	TX
Agency Zip:	79323		

Director Information

Director Salutation:	Chief	Director First Name:	J. David
Director Middle Name:			
Director Last Name:	Hennigan		
Reporter Name:	J. David Hennigan	Reporter Email:	jdavidhennigan@denvercitytexas.org

Decedent Information

Identity of Deceased

First Name: Ricky

Middle Name:

Last Name: Holguin

Suffix:

Date of Birth: 8/1/1973 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 48

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

Date/Time of Custody or Incident: 10/15/2021 2:45 AM

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

Death Date and Time: 10/15/2021 3:00 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: Other - specify

Manner of Death Description:

Acute Methamphetamine Intoxication Superimposed on Severe Coronary Artery Disease.

Medical Cause of Death:

Medical Cause of Death:

Acute Methamphetamine Intoxication Superimposed on Severe Coronary Artery Disease.

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: 303 Duvall
City: Denver City
County: Yoakum
Zip: 79323

What location category best describes where the event causing the death occurred?

Location Category: Roadway/highway/street/sidewalk

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Pre-Custodial Use of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel during/fleeing arrest

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?: 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:

Public Intoxication

Offense 2:

Resisting Arrest

Offense 3:

Evading Arrest

Were the Charges:: Not filed at time of death

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Alcohol / drug offense; Medical / Mental Health assistance call; Other, specify

Type of Offense, Other:

Disorderly Conduct, Public Intoxication, Resisting Arrest, Evading Arrest

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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	Exhibit any medical problems?:	Yes

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?:	Yes
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:	Yes
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:

Based on autopsy and toxicology reports, Holguin appears to have suffered a cardiac event brought on by "Acute Methamphetamine Intoxication". First observation by officer on the scene was that Holguin appeared under the influence of alcohol or drugs in his system. Holguin appeared to be in a state of ‘excited delirium’ as the officer attempted to calm him down, but would not obey officer’s commands. The officer’s body camera footage showed Holguin constantly repeating, “don’t kill me”, moving in an erratic manner, attempting to flee on foot from the officer, and then also resisting the officer’s attempt to secure Holguin to prevent him from harming himself or others. Once Holguin was secured, it was assumed that he stopped struggling once he realized the futility of fighting against the secured handcuffs. After a few moments, it was discovered that Holguin appeared to have stopped breathing, and no pulse could be detected. Officers then began CPR until the arrival of EMS personnel who the transported Holguin to the Yoakum County Hospital emergency room, where he was officially pronounced dead by attending physician at 3:00 AM, October 15, 2021.