KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-1503-CJ	Version Type:	ORIGINAL VERSION
Report Date:	11/9/2021 2:28 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Lubbock County Sheriff's Office	Agency Address:	PO BOX 10536
Agency City:	Lubbock	Agency State:	TX
Agency Zip:	79408		

Director Information

Director Salutation:	Sheriff	Director First Name:	Kelly
Director Middle Name:	S		
Director Last Name:	Rowe		
Reporter Name:	Cody Scott	Reporter Email:	cscott@co.lubbock.tx.us

Decedent Information

Identity of Deceased

First Name: Andy

Middle Name:

Last Name: Castillo

Suffix:

Date of Birth: 1/8/1963 Sex: Male

Race: Hispanic or Latino

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: 9/3/2020 10:55 AM

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

Death Date and Time: 8/27/2021 4:32 PM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

What was the manner of death? (select only one)

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

The medical cause of death could not be determined due to pre-existing conditions.

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?:	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:	602 Indiana Ave	City:	Lubbock
County:	Lubbock	Zip:	79415

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

Location Category: Other, specify

Other Location Category:

University Medical Center (Hospital)

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: 9/11/2020 10:59 AM

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:

Capital Murder Multiple

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: Violent Crime Against Persons

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?: 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?:	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs; Leg Shackles

Summary of Incident

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

Summary:

Subject: Inmate Andy Castillo
Date of Birth: 1/8/1963

Inmate Andy Castillo, had been housed in the Lubbock County Detention Center, in the medical center for chronic health issues since October 2020. Inmate Castillo tested positive for COVID-19 on 8/24/2021, and was sent to University Medical Center (UMC) on the same date for low oxygen levels. Inmate Castillo returned to the Lubbock County Detention Center on 8/26/2021 from the hospital and was sent back to the hospital later that same day for low oxygen levels. Inmate Castillo was pronounced deceased on 8/27/2021 at 1632, while being treated at UMC.

Lubbock Metropolitan Crimes Unit responded to investigate. Case number:21-33407