KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-1523-UF	Version Type:	ORIGINAL VERSION
Report Date:	11/10/2021 7:38 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Lynn County Sheriff's Office	Agency Address:	810 lockwood street
Agency City:	Tahoka	Agency State:	TX
Agency Zip:	79373		

Director Information

Director Salutation:	Sheriff	Director First Name:	Wanda
Director Middle Name:			
Director Last Name:	Mason		
Reporter Name:	Wanda Mason	Reporter Email:	wanda.mason@co.lynn.tx.us

Decedent Information

Identity of Deceased

First Name: Eustacio

Middle Name:

Last Name: Gallegos

Suffix:

Date of Birth: 3/29/1948 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 73

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

Date/Time of Custody or Incident: 10/28/2021 7:00 PM

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

Death Date and Time: 10/29/2021 1:15 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 pending

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

Pending autopsy

Manner of Death: results

Medical Cause of Death:

Medical Cause of Death:

Pending

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?: Unknown whether decedent sustained a fatal injury

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?: Unknown

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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	US 87 and FM 1317	City:	Tahoka
County:	Lynn	Zip:	79373

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:

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:

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?: 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:

Assault - Class A Misdemeanor

Offense 2:

Offense 3:

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: Violent Crime Against Persons; Medical / Mental Health assistance call; Crime Against Property

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Used other weapon, specify:

Specify Weapon Used:

Various vehicle trim pieces ripped from vehicle, seatbelt, open hand strikes, saliva (spitting), urine/catheter tube

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Attempt to Injure Others?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others:	Attempted to injure law enforcement personnel; Injured civilian(s) or other inmate(s)

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?:	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):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	Escape or attempt to escape/flee custody:	No
Attempt gain possession officer's weapon:	Yes		

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:

Pending the results of Autopsy/Investigation.