KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-1729-CJ	Version Type:	AMENDED
Report Date:	2/10/2022 2:48 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	El Paso County Sheriff's Office	Agency Address:	3850 Justice Road
Agency City:	El Paso	Agency State:	TX
Agency Zip:	79938		

Director Information

Director Salutation:	Sheriff	Director First Name:	Richard
Director Middle Name:			
Director Last Name:	Wiles		
Reporter Name:	James Belknap	Reporter Email:	jbelknap@epcounty.com

Decedent Information

Identity of Deceased

First Name: Justin

Middle Name: Joshua

Last Name: Flores

Suffix:

Date of Birth: 2/15/1990 Sex: Female

Race: Hispanic or Latino

Age At Time Of Death: 31

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

Date/Time of Custody or Incident: 11/6/2021 8:41 PM

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

Death Date and Time: 12/6/2021 11:51 PM

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:

Acute Mixed Drug Toxicity (Fentanyl, Hydroxyzine, Trazodone, Venlafaxine and 10-Hydroxycarbazepine)

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:	11/26/2021 8:41 PM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

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 Family Violence w/ prior conv

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?: 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

Resist being handcuffed or

standoff?:	No	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:	N/A		

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 12/06/2021 at approximately 9:30pm Cpl. A. Arciniaga and Nurse Dustan were dispensing medication to cell block 650 Cpl. Arciniaga observes inmate Flores take his medication.
At 10:38pm. Inmates in cell 650 contacted the guard station office through the inter- com system that an inmate in cell 650 had fainted and was not breathing.
At 10:41pm. Officers Arciniaga and Blair responded to cell block 650 and observed inmate Flores laying on the floor they stated that he appeared to be unresponsive laying on the floor, there were no signs of injury or trauma, Cpl. Arciniaga check for a pulse and non was detected. Cpl. Arciniaga requested medical staff to respond first aid was administered as well as an A.E.D. Inmate Flores was transported to a local area hospital where he was pronounced dead by Dr. Williamson at 11:51pm.