KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-1852-C	Version Type:	ORIGINAL VERSION
Report Date:	2/2/2024 11:25 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Willacy County Sheriff	Agency Address:	1371 Industrial Drive
Agency City:	Raymondville	Agency State:	TX
Agency Zip:	78580		

Director Information

Director Salutation:	Sheriff	Director First Name:	JOSE
Director Middle Name:			
Director Last Name:	SALAZAR		
Reporter Name:	JOSE SALAZAR	Reporter Email:	joe.salazar@willacy.gov

Decedent Information

Identity of Deceased

First Name: John

Middle Name: Ray

Last Name: Zamora

Suffix:

Date of Birth: 10/16/1988 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 33

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

Date/Time of Custody or Incident: 2/11/2022 12:17 PM

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

Death Date and Time: 2/11/2022 1:20 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:

Cardiorespiratory Arrest While Under the Influence of Multiple Drugs (Excited Delirium Syndrome)

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:	Unknown	City:	Unknown
County:	Willacy	Zip:	Unk

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

Location Category: Other, specify

Other Location Category:

Unknown

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

Type of Custody: Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Jail - single 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: 2/11/2022 12:17 PM

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:

Resisting Arrest/Search/Transport

Offense 2:

Public Intoxication

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: 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):	Yes	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?:	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:	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

Summary of Incident

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

Summary:

As per Pathologist "Cardiorespiratory Arrest While Under the Influence of Multiple Drugs (Excited Delirium Syndrome)", "the cause of death in this case is a Cardiac Arrhythmia due to drugs of abuse in a person exhibiting signs and symptoms of excited delirium syndrome. These persons end up in a sudden cardiac death and according to medical literature do not respond to CPR maneuvers."