KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-702-CJ	Version Type:	AMENDED
Report Date:	1/4/2023 1:05 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Travis County Sheriff's Dept.	Agency Address:	5555 Airport Blvd.
Agency City:	Austin	Agency State:	TX
Agency Zip:	78751		

Director Information

Director Salutation:	Sheriff	Director First Name:	Sally
Director Middle Name:			
Director Last Name:	Hernandez		
Reporter Name:	Geoffrey Bottoms	Reporter Email:	geoffrey.bottoms@traviscountytx.gov

Decedent Information

Identity of Deceased

First Name: Rene

Middle Name:

Last Name: Ruiz

Suffix:

Date of Birth: 1/19/1981 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 41

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

Date/Time of Custody or Incident: 5/28/2022 8:27 PM

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

Death Date and Time: 6/1/2022 4:31 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: Natural

Medical Cause of Death:

Medical Cause of Death:

Acute Pneumonia

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?:	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?:	Could not be determined

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:	3614 Bill Price Rd	City:	Del Valle
County:	Travis	Zip:	78617

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 - 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:	5/31/2022 2:30 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?:	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:

TDCJ Parole Violation

Offense 2:

Offense 3:

Were the Charges:: A probation/parole violation

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

Type of Offense: Other, specify

Type of Offense, Other:

Arresting agency made contact for unknown reason and placed the decedent into custody for an active TDCJ Parole Violation warrant.

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: Unknown

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?:	Unknown	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:	No

Summary of Incident

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

Summary:

Inmate Rene Ruiz was in TCSO custody for a TDCJ Parole Violation warrant. He was identified as having an opiate addiction and placed on withdraw protocols. A TDCJ Parole Officer came to the Travis County Sheriff's Office Correctional Facility at 3614 Bill Price Rd, Del Valle, TX 78617 for an official visit. Inmate Ruiz was pushed to the visit in a wheelchair by another inmate. The TCSO staff working the visitation unit observed inmate Ruiz when he arrived at the visitation building and he appeared to be unwell/sick. Inmate Ruiz was taken directly to the onsite medical clinic to be evaluated by TCSO medical staff. TCSO medical staff determined that inmate Ruiz needed to be transported to the hospital to be evaluated by hospital staff. ATEMS was called to the TCSO facility and inmate Ruiz was placed into their care to be transported to the hospital. Inmate Ruiz had a medical emergency after being placed into the ATEMS ambulance. CPR and life saving measures were performed by ATEMS until they arrived at the hospital with inmate Ruiz. Hospital medical staff pronounced inmate Ruiz deceased at 1631 hours on 6/1/2022.

On 1/4/2022, I, Detective A. Redus #5012, received a copy of the Medical Examiner's Report 22-03290. The Cause of Death is "Acute Pneumonia." The Manner of Death is listed as Natural. It was signed by Deputy Medical Examiner Jennifer Dierksen, MD.