KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1697-CJ	Version Type:	ORIGINAL VERSION
Report Date:	12/18/2023 4:23 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: Eladio

Middle Name:

Last Name: Bosquez

Suffix:

Date of Birth: 2/18/1957 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 66

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

Date/Time of Custody or Incident: 2/21/2023 12:00 PM

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

Death Date and Time: 12/4/2023 11:03 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:

Hypertensive Cardio Vascular Disease

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:	601 E. Overland	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:	2/21/2023 12:00 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:

Intransit / Illegal Re-Entry

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: Other, specify

Type of Offense, Other:

Immigration

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):	Unknown	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	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?:	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:

Name of Inmate:
Eladio Bosquez (DOB: 02/18/1957)
SS# 566-92-8404

Summary:
On 02/21/2023, Bosquez was booked into the El Paso County Downtown Detention Facility (EPCDF) on federal charges.

On 10/28/2023 at approximately 1005 hours, Bosquez was treated by medical staff after complaining of chest pain. Bosquez was transported to Las Palmas Medical Center. At approximately 1759 hours, the U.S. Marshal’s Office took custody of Bosquez and was also transported from Las Palmas Medical Center to the Hospitals of Providence Sierra Campus. Bosquez was admitted to the hospital and observed by officers from the West Texas Detention Center. On 12/04/2023 at approximately 2303 hours, Bosquez passed away, and notification was made to staff at EPCDF.

No autopsy was performed by the El Paso County Medical Examiner’s Office, Cause and manner of death was determined by the attending Doctor.