KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1797-CJ	Version Type:	ORIGINAL VERSION
Report Date:	1/9/2024 2:18 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Midland County Sheriff's Dept.	Agency Address:	400 S. Main Street
Agency City:	Midland	Agency State:	TX
Agency Zip:	79701		

Director Information

Director Salutation:	Sheriff	Director First Name:	David
Director Middle Name:			
Director Last Name:	Criner		
Reporter Name:	Adam Hilliard	Reporter Email:	ahilliard@mcounty.com

Decedent Information

Identity of Deceased

First Name: Joseph

Middle Name: Israel

Last Name: Castillo

Suffix:

Date of Birth: 4/27/2002 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 21

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

Date/Time of Custody or Incident: 9/19/2023 3:55 AM

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

Death Date and Time: 9/20/2023 2:48 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:

On September 19, 2023, at approximately 0355h, during a routine security check, Inmate Castillo was observed lying on the ground of a holding cell with white foam on his mouth. The security officer notified his supervisor and a nurse stationed in the area. The nurse assessed Inmate Castillo and noted that his pupils were unresponsive, and his pulse was weak. EMS was called. At approximately 0358, additional medical personnel arrived at the area and began treating Inmate Castillo. At the determination of medical personnel, CPR was started, an AED was placed on inmate and Narcan was administered. CPR was continued until EMS arrived at approximately 0408h. Inmate Castillo was transported to Midland Memorial Hospital where his treatment continued. Hospital personnel notified jail administration that Inmate Castillo was suffering from a drug overdose and would be placed in a medical coma to further evaluate his condition. On September 20, 2023, at approximately 1448h, Inmate Castillo was pronounced deceased by hospital personnel.

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:	Not Applicable

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:	400 S. Main Street	City:	Midland
County:	Midland	Zip:	79701

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 - detox 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:	9/19/2023 12:02 AM

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:

POSS CS PG2 >4G<400G

Offense 2:

POSS MARIJ >4OZ<5LBS

Offense 3:

POSS MARIJ <2OZ

Were the Charges:: Filed

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?:	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:

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