KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1799-C	Version Type:	ORIGINAL VERSION
Report Date:	1/10/2024 1:43 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Odessa Police Dept.	Agency Address:	205 N. Grant
Agency City:	Odessa	Agency State:	TX
Agency Zip:	79761		

Director Information

Director Salutation:	Chief	Director First Name:	Mike
Director Middle Name:			
Director Last Name:	Gerke		
Reporter Name:	Leonard Phillips	Reporter Email:	wphillips@odessa-tx.gov

Decedent Information

Identity of Deceased

First Name: Teresa

Middle Name:

Last Name: Garcia

Suffix:

Date of Birth: 11/24/1973 Sex: Female

Race: Hispanic or Latino

Age At Time Of Death: 50

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

Date/Time of Custody or Incident: 12/21/2023 11:47 PM

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

Death Date and Time: 12/22/2023 4:50 AM

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 pending

What was the manner of death? (select only one)

Manner of Death: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Pending results from M.E., the suspected cause of death is Aspirin overdose.

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?: 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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 500 W. 4th
City: Odessa
County: Ector
Zip: 79761

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

Location Category: Other, specify

Other Location Category:

Medical Center Hospital E.R.

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:

Custody of Law Enforcement Personnel subsequent to arrest

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:

Entry Date Time N/A: ☑

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:

49.04(c) - DRIVING WHILE INTOXICATED/OPEN ALCH CONTAINER - MIS

Offense 2:

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?: Yes

Exhibit any mental health

problems?:	Yes	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?:	N/A	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:

Officer responded to a one car minor crash on 12/22/2023 at approx. 2256 hrs. to 2726 Eisenhower Road, Odessa, Tx., Ector County. During investigation, the driver Teresa Garcia was taken into custody for Misdemeanor DWI investigation. Garcia was observed vomiting and Garcia revealed that she had taken a blood pressure pill and a bottle of sleeping pills. Garcia explained that she took the medication because she was sad and tired of being alone. Garcia was transported by ambulance from the scene to Odessa, Tx. Medical Center Hospital E.R. where blood tox screening revealed that Garcia had high levels of Aspirin in her blood. An MRI was conducted as standard procedure following a car crash and Garcia was returned to her assigned treatment room where she slept for a lengthy period of time. Garcia began to exhibit what appeared to be a seizure and life saving measures by medical staff were not successful. Garcia was pronounced dead on 12/23/2023 at 4:50am. Medical Examiner's report is pending.