KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1817-CJ	Version Type:	ORIGINAL VERSION
Report Date:	2/7/2024 1:23 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Duval County Sheriff's Dept.	Agency Address:	PO BOX 547
Agency City:	San Diego	Agency State:	TX
Agency Zip:	78384		

Director Information

Director Salutation:	Sheriff	Director First Name:	Romeo
Director Middle Name:			
Director Last Name:	Ramirez		
Reporter Name:	KIMBERLY PEREZ	Reporter Email:	kimberly.perez@co.duval.tx.us

Decedent Information

Identity of Deceased

First Name: AMADO

Middle Name:

Last Name: SANCHEZ

Suffix: JR

Date of Birth: 8/30/1980 Sex: Male

Race: Anglo or White

Age At Time Of Death: 42

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

Date/Time of Custody or Incident: 4/19/2023 6:03 PM

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

Death Date and Time: 5/15/2023 7:50 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:

Medical complications diabetes mellitus

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: 2500 E MAIN ST
City: AIICE
County: Jim Wells
Zip: 78332

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

Location Category: Other, specify

Other Location Category:

CHRISTUS SPOHN HOSPITAL

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:

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?: 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:

FTA-Burglary of Habitation-CI

Offense 2:

FTA-Sexual Assault-CII

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: Violent Crime Against Persons

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): No

Make suicidal statements?: No

Exhibit any mental health problems?: No

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):	Yes	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:	Other device, specify
Other device, specify:	Handcuffs and Leg Shackles

Summary of Incident

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

Summary:

On May 16, 2023 at approximately 8:45am Amado Sanchez Jr. fell down in his cell, injuring himself. We were having a routine pest control specialist spray the facility. Asst. Jail Admin Ricardo Garcia was notifying Sanchez that his cell was going to be sprayed. Sanchez got up from his bunk slipped and fell with blankets he was covered with. Sanchez hit the back of his head on the concrete floor. At approximately 9:05 am Sanchez was evaluated by EMS and was taken on medical transport (Christus Spohn Hospital- Alice) by Asst Jail Admin Ricardo Garcia for his head injury at approximately 9:30 am and arrived at the Christus Spohn Hospital- Alice at approximately 9:55 am. Sanchez was Medically Released at Approximately 1:30 pm and brought back to the jail at approximately 2:00 pm. Due to Sanchez's Combative behavior at the hospital and non-compliant behavior after arriving back to the Jail he was placed in the Emergency Restraint Chair as a

precaution to prevent any futher injury to himself or others. At approximately 6:10 pm jailers noticed sanchez was unresponsive and requested EMS assistance. Jailer, deputy and a dispatcher on duty who is a certified medic provided medical assistance until EMS arrived. At Approximately 7:00 pm Sanchez was transported by EMS to Christus Spohn hospital-Alice. Sanchez was pronounced dead at the Christus Spohn Hospital-Alice at 7:50 pm.