KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 23-371-CJ | Version Type: | AMENDED |
| Report Date: | 4/24/2023 3:39 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: Ernest

Middle Name:

Last Name: Roybal

Suffix:

Date of Birth: 4/4/1957 Sex: Male

Race: Anglo or White

Age At Time Of Death: 65

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

Date/Time of Custody or Incident: 10/3/2022 12:34 AM

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

Death Date and Time: 3/26/2023 2:27 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:

Atherosclerotic Cardiovascular Disease

## 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: Other, specify

Means of Death Other: Medical

# Location / Custody Information

## Where did the event causing the death occur?

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|---|---|---|---|
| Street Address: | 12501 E. Montana | City: | El Paso, TX |
| County: | El Paso | Zip: | 79938 |

### 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: | 10/3/2022 12:34 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:

Aggravated Sexual Assault Child

Offense 2:

Indecency with a Child

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: Crimes Against Child(ren)

## 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?: 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

Gain possession of officer's

| | | | |
|---|---|---|---|
| officer(s): | No | 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:

Details:
On 10/03/2022 at approximately 0034hours, Roybal was booked into the El Paso County Downtown Detention Facility. Roybal was later transferred to El Paso County Jail Annex. On 03/24/2023, Roybal was assigned to the clinic (Isolation -8) due to health issues.

On 03/26/2023 at approximately 1247 hours, officers and medical staff went to conduct an assessment of Roybal and found him lying on the floor unresponsive. Medical aid was immediately provided to Roybal. At 1251 hours, Emergency Medical Technicians with the El Paso Fire Department were also requested. Roybal was transported to the Hospital of Providence-East Campus at approximately 1303 hours. Despite medical efforts Leyva passed away at 1427 hours.