KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-617-CJ	Version Type:	AMENDED
Report Date:	6/29/2023 10:25 AM	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: Julian

Middle Name:

Last Name: Torres

Suffix:

Date of Birth: 7/5/1982 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 40

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

Date/Time of Custody or Incident: 4/14/2023 5:30 AM

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

Death Date and Time: 5/5/2023 6:48 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 are available

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Hypertensive and Atherosclerotic Cardiovascular Disease
Contributing: Obesity

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

Medical Treatment:	No

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 St.	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 - 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:	4/14/2023 5:30 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:

Injury to Child

Offense 2:

Burglary Hab

Offense 3:

Aggravated Robbery

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; Crimes Against Child(ren); Crime Against Property

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?: 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?:	N/A
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:

Date of Incident:
05/05/2023 @ 0648 Hours

Location:
El Paso County Detention Facility
601 E. Overland Ave. El Paso, TX.

Name of Inmate:
Julian Torres/DOB: 07/05/1982
SS# 460-77-2670

Investigator:
Detective Jorge Andrade
(915) 538-2174

Texas Ranger Gustavo Sanchez

Details:
On 04/14/2023 at approximately 0530 hours, Torres was booked into the Downtown Detention Facility. Torres was later assigned to a single cell (lock down) under administrative separation, 720 4L.

On 05/ 02/20233 at approximately 1235 hours, officers were conducting a security check and discovered Torres lying face down on the cell floor with facial injuries and unresponsive. Medical Staff was requested to provide aid. Emergency Medical Technicians with the El Paso Fire Department were also requested and transported Torres to Las Palmas Hospital. While at the hospital, Torres was revived and admitted to the Intensive Care Unit on life support. On 05/05/2023 at approximately 0648 hours, despite medical efforts Torres was pronounced brain dead.