KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-1663-CJ	Version Type:	ORIGINAL VERSION
Report Date:	12/25/2024 4:02 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:	Samuel Magallanes	Reporter Email:	smagallanes@epcounty.com

Decedent Information

Identity of Deceased

First Name: Martin

Middle Name:

Last Name: Alcantar

Suffix:

Date of Birth: 5/19/1952 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 72

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

Date/Time of Custody or Incident: 8/26/2023 6:47 AM

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

Death Date and Time: 12/25/2024 11:35 AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Past medical history of hypertension, diabetes and on Dialysis. Advised by medical staff at the hospital 20-25% of the decedents heart was working.

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:	3280 Joe Battle Blvd.	City:	El Paso
County:	El Paso	Zip:	79938

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

Location Category: Other, specify

Other Location Category:

The Hospital of Providence East Campus 4th Floor Room 4038

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:

Hospital/Infirmary

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: 8/26/2023 6:47 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?: 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:

Aggravated Sexual Assault

Offense 2:

Indecency with a Child Sexual Contact

Offense 3:

Indecency with a Child Sexual Contact

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?:	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):	N/A	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	N/A	Escape or attempt to escape/flee custody:	No
Attempt gain possession officer's weapon:	N/A		

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:

Decedent had been in custody since August 26, 2023, and was booked for Aggravated Sexual Assault Child and two counts of Indecency with a child sexual contact.

On December 16, 2024, at 1210 hrs., Decedent was found unconscious in the ward by detentions officers. Nurses began to administer chest compressions (CPR) at 1220 hours along with the use of the AED machine.EMS was notified and arrived at the Medical Ward. Decedent was then transported to Providence of Hospital East Campus where he regained his pulse and admitted to the hospital. Decedent was then moved to Telemetry fourth floor room 4038.

On December 25, 2024, hrs. Decedent returned from dialysis treatment at 1045 hours and was found unresponsive at 1053 hours. Hospital staff administered CPR and was not successful. Decedent was pronounced deceased at 1135 hours by Hospital Doctor Hugo Gonzalez.

Medical Examiner was notified at 1202 hours.