KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 24-239-CJ | Version Type: | AMENDED |
| Report Date: | 9/13/2024 8:57 AM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Jim Wells County Sheriff's Dept. | Agency Address: | PO BOX 1286 |
| Agency City: | Alice | Agency State: | TX |
| Agency Zip: | 78333 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Daniel |
| Director Middle Name: | J | | |
| Director Last Name: | Bueno | | |
| Reporter Name: | Alan Gonzalez | Reporter Email: | alan.gonzalez@jimwellscounty-tx.gov |

## Decedent Information

### Identity of Deceased

First Name: Michael

Middle Name:

Last Name: Garza

Suffix:

Date of Birth: 4/7/1978 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 45

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

Date/Time of Custody or Incident: 2/8/2024 4:46 PM

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

Death Date and Time: 2/9/2024 6:42 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: Alcohol/Drug Intoxication

## Medical Cause of Death:

Medical Cause of Death:

Inmate had a medical episode and was transported to local hospital where later expired. Medical examiner reports Cause of Death Acute Polydrug Toxicity (Cocaine and Fentanyl)

## 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?: Pre-existing medical condition

## 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: | 300 N Cameron St | City: | Alice |
| County: | Jim Wells | Zip: | 78332 |

### 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 - holding 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: 2/6/2024 6:45 PM

### 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:

Individual was arrested on a Motion to Revoke warrant for Driving While Intoxicated

Offense 2:

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: 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): | Unknown | Make suicidal statements?: | No |
| Exhibit any mental health problems?: | No | Exhibit any medical problems?: | Unknown |

## 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): | 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:

On February 06, 2024 a male individual was arrested by Jim Wells County Sheriff's deputies for a Motion to Revoke Warrant (Driving While Intoxicated with Child Passenger – Warrant number 17-06-14646-CR51). The male was booked and processed. He was housed in Holding Cell A.

On February 08, 2024, while being housed, the male individual had suffered a medical episode in Holding Cell A, Jim Wells County Jail Staff rendered aid and moved the male individual to the booking area, where the jail staff performed life-saving measures. Emergency Medical Services (EMS) arrived shortly after and took over performing life-saving measures. EMS then transported the male to the Alice Christus Spohn Hospital for medical treatment.

On February 09, 2024 at 6:42 am, the male individual expired, autopsy report results are pending

Autopsy was completed and returned. The autopsy finds the cause of death to be accidental acute polydrug toxicity due to Cocaine and Fentanyl