KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-731-CJ	Version Type:	AMENDED
Report Date:	5/23/2024 2:33 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: Jesus

Middle Name: Ruben

Last Name: Hernandez

Suffix:

Date of Birth: 10/9/1974 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 49

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

Date/Time of Custody or Incident: 5/23/2024 4:27 AM

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

Death Date and Time: 5/23/2024 5:33 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Acute Para-Fluorofentanyl Toxicity

Autopsy Report Case 2024-0279

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:	601 E. Overland	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 - multiple occupancy 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:	5/5/2024 2:47 AM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

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:

Intransit / Re-Entry After Deportation

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: Other, specify

Type of Offense, Other:

Intransit / Re-Entry After Deportation

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):	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 05/23/2024 at approximately 0420 hours, El Paso County Sheriff's Office Detention Officers were conducting a physical check for feeding on the 3rd floor. During the Physical Check, Detention Officer located Inmate Jesus Ruben Hernandez unconscious and not breathing. Clinic medical staff was requested and arrived at the 3rd Floor cellblock 310.Officers and Medical staff performed CPR as El Paso Fire was activated. Inmate Jesus Ruben Hernandez was transported to the Las Palmas Medical Center located at 1801 N. Oregon St, El Paso County Texas 79902 Inmate Jesus Ruben Hernandez was pronounced deceased at 0533 hours by Physician Marco Diaz. On Duty US Federal Deputy Marshal Marco # 32354 was notified.

County of El Paso Office of the Medical Examiner and Forensic Laboratory Autopsy Report Case 2024-0279
Cause of Death Acute para-fluorofentanyl Toxicity
Manner of Death Accident