KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-1105-UF	Version Type:	ORIGINAL VERSION
Report Date:	6/2/2026 4:26 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Laredo Police Dept.	Agency Address:	4712 Maher
Agency City:	Laredo	Agency State:	TX
Agency Zip:	78040		

Director Information

Director Salutation:	Chief	Director First Name:	Miguel
Director Middle Name:			
Director Last Name:	Rodriguez		
Reporter Name:	Alonzo Olivarez	Reporter Email:	aolivarez@ci.laredo.tx.us

Decedent Information

Identity of Deceased

First Name:	Carlos
Middle Name:	Antonio
Last Name:	Fernandez
Suffix:	
Date of Birth:	10/6/1995
Sex:	Male
Race:	Hispanic or Latino
Age At Time Of Death:	29

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

Date/Time of Custody or Incident:	8/15/2025 3:21 AM

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

Death Date and Time:	8/15/2025 3:36 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:	Homicide (includes Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

The Decedent died from multiple gunshot wounds.

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?: Law enforcement/correctional personnel

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?: Handgun

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?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address:	200 W. Olive St	City:	Laredo
County:	Webb	Zip:	78040

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

Location Category: Roadway/highway/street/sidewalk

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Pre-Custodial Use of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel during/fleeing arrest

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:

Entry Date Time N/A: ☑

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 Assault Against Peace Officer

Offense 2:

Aggravated Assault

Offense 3:

Were the Charges:: Not filed at time of death

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Violent Crime Against Persons

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed other weapon, specify:

Specify Weapon Displayed:

Cutting Instrument (Large Scissors)

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Attempt to Injure Others?: Yes (select all that apply)

Attempted to injure

Ways Decedent Attempted To Injure Others:	law enforcement personnel; Injured civilian(s) or other inmate(s)

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	Unknown	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):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	No	Escape or attempt to escape/flee custody:	Yes
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:

Officers responded to an incident where the decedent was reported to have forcefully removed a civilian from inside their vehicle and proceeded to assault them with a blunt object. It was also report that the decedent was involved in another incident where he displayed an object that was identified as a “gun” by another civilian at a nearby location.

Officers arrived to the scene and located the decedent, who refused to listen to verbal commands and walked away. Officer followed the decedent who made physical movements towards his waistband area which led officers to believe that the decedent was armed with a firearm. During the incident, the decedent raised the

object—believed to be a deadly weapon towards the officers in an intimidating fashion. Believing the suspect was about to shoot and potentially injure or kill one of the officers, one officer discharged his weapon at the decedent. The injuries sustained as a result of the use of force resulted in the death of the decedent.