KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-623-UF	Version Type:	ORIGINAL VERSION
Report Date:	8/12/2025 11:46 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	El Paso Police Dept.	Agency Address:	911 N. Raynor
Agency City:	El Paso	Agency State:	TX
Agency Zip:	79903		

Director Information

Director Salutation:	Chief	Director First Name:	Peter
Director Middle Name:			
Director Last Name:	Pacillas		
Reporter Name:	REX PARSONS	Reporter Email:	2581@elpasotexas.gov

Decedent Information

Identity of Deceased

First Name: Xavier

Middle Name: Guadalupe

Last Name: Hernandez

Suffix:

Date of Birth: 2/22/1995 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 30

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

Date/Time of Custody or Incident: 7/13/2025 10:14 AM

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

Death Date and Time: 7/13/2025 3:06 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:

Cause of death: Asphyxia due to chest compression during law enforcement subdual and restrain

Contributing condition: Cocaine toxicity

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

Medical Treatment: Not Applicable

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?: 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?: 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: Other, specify

Cause of death: Asphyxia due to chest compression during law enforcement

Means of Death Other: subdual and restrain Contributing condition: Cocaine toxicity

Location / Custody Information

Where did the event causing the death occur?

Street Address: Interstate Highway 10 EB, Mile Marker 29

City: El Paso

County: El Paso

Zip: 79925

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 subsequent to 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:

Resisting Arrest, Search or Transportation

Offense 2:

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: Medical / Mental Health assistance call; Other, specify

Type of Offense, Other:

Pedestrian in roadway (highway or interstate)

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):	Yes	Make suicidal statements?:	Yes
Exhibit any mental health problems?:	Yes	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?:	Yes
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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On July 13, 2025 at 10:00 AM, EPPD Officers were dispatched to I-10 East at Yarbrough regarding a person whom was on the interstate (running in traffic and appeared to be in mental health crisis). A uniformed police officer made contact with the decedent. The decedent resisted the officer's attempt to take him into custody. The uniformed officer deployed a taser at the decedent however it was ineffective. Eventually with the aid of others following this struggle, the decedent was successfully handcuffed. The decedent became unresponsive while in custody on the interstate and was transported to a local hospital where he expired. The decedent has a history of prior drug use and laboratory testing by the county medical examiner found evidence of narcotic usage in his system.