KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-67-CJ	Version Type:	AMENDED
Report Date:	1/24/2025 1:46 AM	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:	Oscar
Director Middle Name:			
Director Last Name:	Ugarte		
Reporter Name:	Samuel Magallanes	Reporter Email:	smagallanes@epcounty.com

Decedent Information

Identity of Deceased

First Name: Joe

Middle Name:

Last Name: Murvin

Suffix:

Date of Birth: 1/23/1953 Sex: Male

Race: Anglo or White

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: 10/25/2024 8:13 AM

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

Death Date and Time: 1/23/2025 9:16 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: Natural

Medical Cause of Death:

Medical Cause of Death:

Atherosclerotic Cardiovascular Disease/ Manner of Death: Natural

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?: 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?: Could not be determined

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:	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 - single 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:	10/25/2024 8:13 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:

Aggravated Assault with a deadly weapon

Offense 2:

Fail to Identify Giving False/ Fictitious Info.

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: 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: 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?:	Yes
Exhibit any mental health problems?:	Yes	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:

Decedent had been in custody since October 25, 2024, and was booked for Aggravated Assault with a Deadly Weapon and Fail to Identify Giving False/ Fictitious Info. Decedent was assigned to 8th floor in Cellblock 860-Admin SE.

On 01/23/2025 at approximately 2027 hrs. Detention Officers were conducting an administrative segregation check, Decedent was found unconscious and not breathing inside his cell.

Detention officers and jail medical staff administered chest compressions (CPR) and utilized the AED. El Paso Fire/EMS were notified and arrived at the El Paso County Detention Facility at 2040 hours. The decedent was subsequently transported to Las Palmas Medical Center, where emergency medical personnel continued life-saving efforts.

Emergency Department Physician Crosby pronounced the decedent deceased at 2116 hours. The Medical Examiner was notified at 2120 hours.