KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-309-UF	Version Type:	ORIGINAL VERSION
Report Date:	4/17/2026 11:36 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: Roel

Middle Name:

Last Name: Contreras

Suffix:

Date of Birth: 1/7/1980 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 46

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

Date/Time of Custody or Incident: 3/20/2026 4:57 PM

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

Death Date and Time: 3/20/2026 6:21 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 pending

What was the manner of death? (select only one)

Pending autopsy

Manner of Death: results

Medical Cause of Death:

Medical Cause of Death:

Pending Autopsy Report from Medical Examiner's Office

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?: 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: 13081 Campo Bello
City: San Elizario
County: El Paso
Zip: 79849

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

Location Category: Field/woods/lake/waterway/beach

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:

N/A

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?: 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:

none

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

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?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Attempted to injure law enforcement personnel

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?:	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?:	Yes
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:	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 March 20, 2026, at approximately 1657 hours, deputies with the El Paso County Sheriff’s Office were dispatched to 12572 Campo Bello Dr, El Paso County, Texas, in reference to a disturbance.

Upon arrival, deputies located an adult male in a nearby property. The individual was observed exhibiting erratic behavior consistent with a possible altered mental state. The cause of his behavior was unknown at the time. During the encounter, the individual became combative and attempted to assault deputies. For safety reasons, deputies detained the individual and placed him in handcuffs. While in custody, the individual experienced a medical emergency. Deputies immediately initiated life-saving measures, CPR, until Emergency Medical Services arrived. The individual was transported to a local hospital, where he was later pronounced deceased. The El Paso County Sheriff’s Office Major Crimes Unit and the Texas Rangers

responded to the scene and have initiated independent investigations reference the incident.

This case remains under investigation.