KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16266CJ	Report Date:	6/23/2016 1:11 PM
Status:	Submitted		

Agency/Facility Information

Department ID:	380	Department Type:	SHERIFF
Agency Name:	Hidalgo County Sheriff\'s Dept.	Agency Number:	TX1080000
Agency Phone:	9563838114	Agency Address:	P.O. Box 1228
Agency City:	Edinburg	Agency County:	Hidalgo
Agency State:	TX	Agency Zip:	78542

Director Information

Director Salutation:

Sheriff

Director First Name:

J.E.

Director Middle Name:

Eddie

Director Last Name:

Guerra

Reporter Name:	Sergeant David Friedlein	Reporter Email:	david.friedlein@hidalgoso.org

Location / Custody Information

Where did the event causing the death occur?

Street Address: 301 West Expressway 83

City: McAllen

County: Hidalgo

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:

Hospital/Infirmary

Custody Type Facility:

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: At medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Michael

Middle Name:

Last Name: Herrera

Suffix:

Date of Birth: 2/27/1960 Sex: Male

Ethnicity: Hispanic

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

Death Date and Time: 6/20/2016 8:09 AM

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

Date/Time of Custody or Incident:

5/30/2016 9:03 PM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?:

No, evaluation not planned

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

Manner of Death:

Natural Causes/Illness

Manner of Death Description:

Organ Failure

Death Reason:

Medical condition only (e.g. heart attack)

Medical Cause of Death:

Medical Cause of Death:

Sepsis

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; cause of death was suicide, intoxication or illness/natural causes

Death Causer Other:

If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

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?:

Don\'t know

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

Means of Death:

Not applicable; cause of death was intoxication or illness/natural causes

General Information

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:

Public Intoxication 3rd or More (Class B Misdemeanor

Offense 2:

Offense 3:

Were the Charges::

Filed

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by NA

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

Appear intoxicated (alcohol or drugs):	No	Exhibit any mental health problems?:	
Exhibit any medical problems?:			

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

Threaten the officer(s) involved:	No	Resist being handcuffed or arrested?:	No
Try to escape/flee from custody:	No	Grab, hit or fight with the officer(s):	No

Other Behavior:

Specify Other Behavior:

Use weapon threaten/assault officer(s):	0

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint:

Yes

Summary of Incident

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

Summary:

On May 30, 2016 the McAllen Police Department transported Inmate Michael Herrera to the Hidalgo County Adult Detention Center. McAllen P.D. had charged Inmate Herrera with the Class B Misdemeanor offense of Public Intoxication - 3rd or More. Inmate Herrera was booked in at 9:03 p.m. where he underwent CCQ, Mental Disability/Suicide Screening and Medical Screening. Inmate Herrera claimed good health and was classified to general population.

On June 14, 2016 Inmate Michael Herrera was placed on an alcohol withdrawal protocol due to the shaking of his hands and his disclosure that he consumed alcohol on a daily basis. On June 15, 2016 Inmate Herrera was placed in a twelve-man Infirmary cell. On June 17, 2016 Inmate Herrera was transferred to a one-man Infirmary cell. On June 19, 2016 detention medical staff responded to Inmate Herrera's cell and found that he had deficated on himself and was in a disoriented state. Detention medical staff requested thatInmate Herrerabe transported to the hospital for futher medical evaluation.

Inmate Michael Herrera was tranpsorted via ambulance to McAllen Medical Center hospital. During transport, Inmate Herrera was restrained by leg shackles which were removed once he was admitted into the hospital. Inmate Herrera was admitted into theIntensive Care Unit (ICU). While at the hospital, Inmate Herrera was diagnosed with cirrhosis of the liver and kidney cancer. While at the hospital, Inmate Herrera suffered a seizure and his medical condition worsened as his organs began to shut down. On June 20, 2016 at 8:09 a.m., hospital staff declaredInmate Herreradeceased and cited the medical cause of death as Sepsis. The Hidalgo County Sheriff's Officegenerated an In-Custody-Death report (HCSO 16-24710).