KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16398CJ	Report Date:	9/7/2016 3:48 AM
Status:	Submitted		

Agency/Facility Information

Department ID:	909	Department Type:	SHERIFF
Agency Name:	Webb County Sheriff\'s Dept.	Agency Number:	TX2400000
Agency Phone:	9565234503	Agency Address:	902 Victoria Street
Agency City:	Laredo	Agency County:	Webb
Agency State:	TX	Agency Zip:	78040

Director Information

Director Salutation:

Sheriff

Director First Name:

Martin

Director Middle Name:

Director Last Name:

Cuellar

Reporter Name:	CDR Ponce Trevino	Reporter Email:	ptrevino@webbcountytx.gov

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1001 Washington Street

City: Laredo

County: Webb

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 - detox cell

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: 8/30/2016 5:32 PM

Where did the death occur?

Death Location: At medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Pedro

Middle Name:

Last Name: Cadena

Suffix: Jr

Date of Birth: 4/3/1979 Sex: Male

Ethnicity: Hispanic

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

Death Date and Time: 9/6/2016 11:25 PM

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

Date/Time of Custody or Incident:

8/30/2016 5:32 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 pending

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

Manner of Death:

Other

Manner of Death Description:

Pending ME Results

Death Reason:

Don\'t know

Medical Cause of Death:

Medical Cause of Death:

Pending ME Results

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

Medical Treatment:

Yes

Medical Treatment Description:

Started on Detox but then Refused On and Off for Several Days.

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:

Possession of Controlled Substance F3

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:

No

Summary of Incident

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

Summary:

On August 30, 2016 Inmate arrived at the Webb County Jail. Inmate stated that he was in good health. On Septemeber 1, 2016 Inmate stated to Medical Department that he wished to go through Detox. Inmate was brought down to Detox Cell at that point. Inmate would randomly choose to particiapte in taking medication for Detox on and off throughout his time in the Detox Cell. On Tueseday September 6, 2016 roll call was conducted at 9:52pm, at which time inmate answered to his name. At 9:58pm inmate began to go through

siezures as observed on recorded playback of camera inside the cell. At 10:00pm an officer walks into cell of said inmate and observes him having a siezure. Officer immediately called for medical and inmate began to recieve medical attention. Ambulance was called in by Medical and arrived at or about 10:33pm. Inmate was taken to Laredo Medical Center where it was reported he went into cardiac arrest. After several attempts to steady inmate by medical staff at Laredo Medical Centerinmate became completly unresponsive. Inmate was pronounced dead at 11:25pm.