



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 17-332-CJ

Version Type: AMENDED

Report Date: 10/4/2018 11:48 AM

Status: Submitted

Agency/Facility Information

Agency Name: Cameron County Sheriff's Dept.

Agency Address: 7300 Old Alice Rd

Agency City: Olmito

Agency State: TX

Agency Zip: 78575

Director Information

Director Salutation: Captain

Director First Name: Javier

Director Middle Name:

Director Last Name: Reyna

Reporter Name: LAURA TREVINO

Reporter Email: latrevino@co.cameron.tx.us

Decedent Information

Identity of Deceased

First Name: MICHAEL

Middle Name:

Last Name: DIAZ-GARCIA

Suffix:

Date of Birth: 12/19/1978

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 38

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

Date/Time of Custody or
Incident: 2/16/2017 3:54 PM

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

Death Date and Time: 6/8/2017 2:43 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:

Gunshot Wound of the Head

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?: 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?: Firearm,
unspecified

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: Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address: 951 FALCON BLVD

City: SAN BENITO,
TEXAS

County: Cameron

Zip: 78586

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

Location Category: Parking lot/garage

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:

Custody of Law Enforcement Personnel during/fleeing 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?: 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:

CAPITAL MURDER

Offense 2:

EVADING ARREST

Offense 3:

ASSAULT

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: 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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Discharged firearm

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 Injured law enforcement personnel;
Attempted to injure

Injure Others: law enforcement
personnel; Killed
civilian(s) or other
inmate(s)

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?: No

Exhibit any mental health
problems?: No

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): Yes

Gain possession of officer's
weapon: Yes

Verbally threaten other(s)
including law: No

Escape or attempt to
escape/flee custody: Yes

Attempt gain possession
officer's weapon: Yes

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:

AT APPROXIMATELY 12:46PM INMATE DIAZ-GARCIA, MICHAEL WAS TRANSPORTED TO A DR. APPOINTMENT IN BROWNSVILLE, TEXAS. TRANSPORTER ARRIVED AND WAS TAKING INMATE OUT FROM VAN WHEN INMATE ATTACKED TRANSPORTER SLASHING HIS THROAT AND HAND WITH A SHINY METAL OBJECT. INMATE TOOK TRANSPORTERS WEAPON FROM HIM FORCED HIM INTO BACK OF VAN AND ESCAPED FROM CUSTODY. INMATE THEN CARJACKED A VEHICLE IN THE PROCESS KILLED A CIVILIAN. INMATE FLED SCENE AND WAS STOPPED AT APROXIMATELY 2:35PM

IN SAN BENITO, TEXAS WHERE HE WAS MORTALLY WOUNDED BY LAW ENFORCEMENT PERSONNEL. INMATE WAS TRANSPORTED TO VALLEY BAPTIST MEDICAL CENTER IN HARLINGEN, TEXAS AND WAS PRONOUNCED DEAD AT 2:43PM