



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 17-50-CJ

Version Type: AMENDED

Report Date: 2/10/2017 10:55
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: SERGIO

Middle Name: MIGUEL

Last Name: GUZMAN-CARRIZALES

Suffix: MR

Date of Birth: 9/13/1995

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 21

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

Date/Time of Custody or
Incident: 7/11/2016 7:00 PM

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

Death Date and Time: 1/22/2017 6:00 AM

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: Accidental

Medical Cause of Death:

Medical Cause of Death:

LYMPHOCYTIC MYOCARDITIS COMPLICATED BY APPARENT ACUTE COMBINED DRUG TOXICITY.

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?: Pre-existing medical condition

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

Means of Death: Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address: 7100 OLD ALICE
ROAD

City: OLMITO

County: Cameron

Zip: 78575

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:

Custody of Law Enforcement Personnel subsequent to 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?: No

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:

2ND DEGREE FELONY POSSESSION OF MARIJUANA

Offense 2:

ICE DETAINER

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: Alcohol / drug
offense

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?: No

Exhibit any mental health
problems?: No

Exhibit any medical problems?: No

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:

ON JANUARY 22, 2017 AT APPROXIMATELY 5:24AM, JAILER FOUND INMATE GUZMAN-CARRIZALES, SERGIO MIGUEL UNRESPONSIVE IN HIS BUNK IN CELL K-3, A DIRECT SUPERVISION CELL. MEDICAL DEPARTMENT PERSONNEL ARRIVED AT 5:26AM AND BEGAN TO ADMINISTER MEDICAL TREATMENT. AT APPROXIMATELY 5:26 EMS WAS CALLED AND ARRIVED AT 5:47AM ADMINISTERED MEDICAL ATTENTION AND DEPARTED JAIL WITH INMATE AT APPROXIMATELY 5:53AM. AT APPROXIMATELY 5:52AM SHERIFF'S C.I.D. WAS CALLED AND AT 6:02 AM ARRIVED AT JAIL. AT ABOUT 6:18AM WE WERE INFORMED THAT INMATE HAD PASSED AWAY. C.I.D. IS ON SITE CONDUCTING INVESTIGATION ON INMATES DEATH.