KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-831-C	Version Type:	AMENDED
Report Date:	4/9/2019 9:22 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Bastrop County Sheriff's Dept.	Agency Address:	200 Jackson Street
Agency City:	Bastrop	Agency State:	TX
Agency Zip:	78602		

Director Information

Director Salutation:	Sheriff	Director First Name:	Maurice
Director Middle Name:	C		
Director Last Name:	Cook		
Reporter Name:	Investigator Kayla Stein	Reporter Email:	kayla.stein@co.bastrop.tx.us

Decedent Information

Identity of Deceased

First Name: Lorenzo

Middle Name:

Last Name: Juarez

Suffix: Jr.

Date of Birth: 10/4/1970 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 47

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

Date/Time of Custody or Incident: 8/25/2018 10:20 AM

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

Death Date and Time: 8/25/2018 11:37 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:

Toxic effects of methamphetamine

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

Medical Treatment: Unknown

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?: Could not be determined

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

Means of Death: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address: 320 Pershing

City: Bastrop

County: Bastrop

Zip: 78602

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

Location Category: Roadway/highway/street/sidewalk

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Police Custody (pre-booking)

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?: 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:

Resisting Arrest (charges undetermined pending medical evaluation)

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:	Yes, mark all that apply
Decedent Display or Use Weapon Details:	Displayed other weapon, specify:

Specify Weapon Displayed:

3 ft. pipe

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:	Injured 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?:	Unknown
Exhibit any mental health problems?:	Yes	Exhibit any medical problems?:	Unknown

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

Barricade self or initiate standoff?:	Unknown	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:	Unknown	Escape or attempt to escape/flee custody:	Yes
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 August 25, 2018, deputy responded to a report of a subject standing in the roadway with a sword, swinging it at passing cars and running down the road. Deputy arrived on location and observed the subject with what was later identified as a metal pipe. The subject began walking towards the deputy with the pipe in

hand and the deputy was giving commands for the subject to drop the pipe. The subject dropped the pipe and the deputy attempted to detain him. The subject was resisting and another officer then arrived on scene. The two officers were having difficulties handcuffing the subject and called for additional units. The subject was handcuffed and placed in the back of the
patrol unit where he began to hit his head on the windows and kick the door and windows of the patrol vehicle.The deputies opened the back door of the patrol car and the subject threw himself out of the car. Deputies restrained him on the ground then rolled him to his side. EMS arrived and took the subject to the back of the ambulance, where they gave him a medication to calm him down. A few minutes later, EMS advised CPR was in progress and subject was transported to the nearest hospital where he was later pronounced deceased. Criminal charges were undetermined at the time pending a medical evaluation.