



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 20-1055-CJ

Version Type: AMENDED

Report Date: 9/16/2020 4:42 PM

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: CRESENCIANO

Middle Name:

Last Name: OLIVA

Suffix:

Date of Birth: 9/14/1942

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 77

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

Date/Time of Custody or
Incident: 1/29/2020 5:42 PM

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

Death Date and Time: 8/11/2020 10:36
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: Natural

Medical Cause of Death:

Medical Cause of Death:

COMPLICATIONS OF COVID-19

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

Medical Treatment: Yes

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?: Deceased developed condition after admission

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

Means of Death: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 100-A ALTON
GLOOR BLVD.

City: BROWNSVILLE

County: Cameron

Zip: 78526

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

Location Category: Other, specify

Other Location Category:

HOSPITAL

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:

Texas-Juvenile Justice Department - Facility/Detention Center, specify

Facility/Detention Center:

VALLEY REGIONAL MEDICAL CENTER

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:

B/W (SEX ABUSE OF CHILD)

Offense 2:

AGG SEXUAL ASSAULT CHILD

Offense 3:

INDECENCY W/CHILD SEXUAL CONTACT

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Crimes Against
Child(ren)

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?: 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): 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 JULY 24, 2020 INMATE WAS SENT TO HOSPITAL FOR LOW BLOOD PRESSURE, SHORTNESS OF BREATH AND CHEST PAIN. INMATE OLIVA WAS ADMITTED AND TESTED POSITIVE FOR COVID-19 HE REMAINED IN HOSPITAL UNTIL AUGUST 11, 2020 WHEN WE WERE NOTIFIED THAT INMATE OLIVA HAD PASSED AWAY AT 10:36PM