



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 20-1563-CJ

Version Type: ORIGINAL
VERSION

Report Date: 11/12/2020 2:47
PM

Status: Submitted

Agency/Facility Information

Agency Name: Denton County
Sheriff's Office.

Agency Address: 127 N. Woodrow
Ln. Suite 300

Agency City: Denton

Agency State: TX

Agency Zip: 76205

Director Information

Director Salutation: Sheriff

Director First Name: Tracy

Director Middle Name:

Director Last Name: Murphree

Reporter Name: Michael Tutt

Reporter Email: michael.tutt@dentoncounty.gov

Decedent Information

Identity of Deceased

First Name: Rodney

Middle Name:

Last Name: Puente

Suffix:

Date of Birth: 3/22/1968

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 52

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

Date/Time of Custody or
Incident: 9/26/2019 8:53 PM

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

Death Date and Time: 10/18/2020 10:39
AM

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 not
planned

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Cardiac Arrest
Acute Respiratory Failure
Covid 19 Pneumonia

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?: 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: 3535 S. IH-35

City: Denton

County: Denton

Zip: 76210

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

Location Category: Other, specify

Other Location Category:

Medical City Denton (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:

Hospital/Infirmary

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: 9/26/2019 8:53 PM

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:

Indecency W/Child Sexual Contact

Offense 2:

Sexual Abuse of Child Continous: Victim Under 14

Offense 3:

Federal Hold

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: Yes, mark which restraint devices were used

Type of restraint

Type of Restraint: Handcuffs; Leg Shackles

Summary of Incident

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

Summary:

Inmate Rodney Puente was transferred to the custody of the Denton County Jail from Yazoo City United State Bureau of Prisons. Inmate Puente was in the custody of the Denton County Jail from September 26, 2019, until his death on October 18, 2020. Upon intake, Inmate Puente completed a medical intake assessment and Inmate Puente presented with diabetes mellitus-type 2 with neuropathy, hypertension, hyperlipidemia, chronic obstructive pulmonary disorder, cardiovascular arterial disease, sleep apnea and cervical disc disorder.

On September 21, 2020, Inmate Puente tested positive for Covid 19. On September 22, 2020, Inmate Puente was admitted to Medical City of Denton for treatment. On October 18, 2020, the Denton County Jail was notified that Inmate Puente suffered a cardiac arrest and did not respond to resuscitation efforts. Inmate Puente was pronounced deceased at 10:39AM.

The Certificate of Death listed the manner of death as natural. The immediate cause of death was listed as cardiac arrest with acute respiratory failure and Covid 19 pneumonia listed as underlying causes or conditions.