



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 20-505-UF

Version Type: AMENDED

Report Date: 6/12/2020 9:43 AM

Status: Submitted

Agency/Facility Information

Agency Name: Harris County
Constable Precinct
4

Agency Address: 6831 Cypresswood
Dr.

Agency City: Spring

Agency State: TX

Agency Zip: 77379

Director Information

Director Salutation: Constable

Director First Name: Mark

Director Middle Name:

Director Last Name: Herman

Reporter Name: Michael Combest

Reporter Email: michael.combest@cd4.hctx.net

Decedent Information

Identity of Deceased

First Name: Oscar

Middle Name: Ivan

Last Name: Pulido

Suffix:

Date of Birth: 10/10/1989

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 30

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

Date/Time of Custody or
Incident: 6/7/2020 1:56 AM

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

Death Date and Time: 6/7/2020 3:31 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
pending

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

Manner of Death: Pending autopsy
results

Medical Cause of Death:

Medical Cause of Death:

Deceased was running very high fever and displaying acts of being incoherent. Cause of death to be determined.

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

Medical Treatment: Not Applicable

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?: Decedent

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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 23599 Stepinwolf
Ln

City: Spring

County: Harris

Zip: 77373

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

Location Category: Other, specify

Other Location Category:

Outdoor area / parking lot of apartment complex

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

Type of Custody: Pre-Custodial Use
of Force

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: Elsewhere, specify

Death Location Elsewhere:

Subject was detained and being treated by EMS personnel and then transported to hospital where death was pronounced.

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:

Public Intoxication

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: 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): Yes

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?: Yes

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: 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:

Deputies were dispatched to 23599 Stepinwolf Ln in reference to a male wearing boxers shorts and tennis shoes running down the streets and approaching residences. Caller stated male appeared to be intoxicated or high on something. First responding deputy located the male and attempted to make contact with him. The male fled on foot from the deputy but continued falling down. Responding deputy was able to catch up to the male, after he tripped over a grate, and attempted to detain him. The male tried to pull away from the deputy. Responding deputy and other deputies were able to detain the male and place him into handcuffs. Deputies

sat the male up and called for EMS due to the male not responding to questions yelling in Spanish, and sweating profusely. EMS arrived and began to treat the male. Approximately 10 min after EMS arrival the male fell over and became unresponsive. Cy-Creek EMS began to perform CPR and transported the male to Houston Northwest Medical Center (Hospital). Upon arrival to Houston Northwest Medical Center the male was pronounced deceased. Cause of death is not know at this time.