KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1829-C	Version Type:	ORIGINAL VERSION
Report Date:	2/17/2024 1:51 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Bee County Sheriff's Dept.	Agency Address:	1509 E Galloway Dr
Agency City:	Beeville	Agency State:	TX
Agency Zip:	78102		

Director Information

Director Salutation:	Sheriff	Director First Name:	Alden
Director Middle Name:	E.		
Director Last Name:	Southmayd III		
Reporter Name:	Ellie Ramirez	Reporter Email:	ellie.ramirez@beecounty.texas.gov

Decedent Information

Identity of Deceased

First Name: Michael

Middle Name: Anthony

Last Name: Ramirez

Suffix:

Date of Birth: 2/17/1985 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 38

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

Date/Time of Custody or Incident: 8/13/2023 8:27 PM

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

Death Date and Time: 8/14/2023 12:31 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 are available

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

Manner of Death: Accidental

Medical Cause of Death:

Medical Cause of Death:

Cocaine Toxicity

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?: 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?: Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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:	Fish Ln/Charco Rd	City:	Beeville
County:	Bee	Zip:	78102

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?:	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:

Public Intoxication

Offense 2:

Resist Arrest/Search/Transport

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:	Other, specify

Type of Offense, Other:

Welfare Concern/Check

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?:	Yes (select all that apply)
Ways Decedent Attempted To Injure Others:	Attempted to injure 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?:	No
Exhibit any mental health problems?:	Yes	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):	Yes	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

Summary of Incident

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

Summary:

Deputies were dispatched to Charco Rd. and Fish Ln. in reference to a Welfare Concern of a male subject crawling in the ditch in an agitated state.
Deputies arrived on scene and made contact with male subject who was determined to be intoxicated and admitted to drug use. Subject was arrested for public intoxication and transported to the Bee County Jail.
After arriving at the Bee County Jail, subject became combative and began kicking at Deputies and jail staff.
Subject was escorted into the facility and placed in a padded holding cell while deputies completed booking

paperwork. When Deputy returned to submit booking paperwork, he found subject unresponsive. Deputy alerted jail staff of possible medical emergency and life saving measures were started. CPR was performed and AED was used. EMS arrived, took over life saving measures, and transported subject to the Christus Spohn Hospital. Subject passed away several hours later.