



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 24-1629-C

Version Type: AMENDED

Report Date: 12/16/2024 9:14
AM

Status: Submitted

Agency/Facility Information

Agency Name: Midland Police
Dept.

Agency Address: 601 N. Loraine

Agency City: Midland

Agency State: TX

Agency Zip: 79701

Director Information

Director Salutation: Chief

Director First Name: Greg

Director Middle Name:

Director Last Name: Snow

Reporter Name: Edward Marker

Reporter Email: emarker@midlandtexas.gov

Decedent Information

Identity of Deceased

First Name: Manuel

Middle Name: Eladio Morales

Last Name: Sanchez

Suffix:

Date of Birth: 1/29/1997

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 27

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

Date/Time of Custody or
Incident: 10/5/2024 5:08 PM

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

Death Date and Time: 11/2/2024 10:24
AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Yes, results
Evaluation?: pending

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

Manner of Death: Pending autopsy
results

Medical Cause of Death:

Medical Cause of Death:

Decedent went into Cardiac Arrest

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

Medical Treatment: No

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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 400 Rosalind
Redfern Grover
Parkway

City: Midland

County: Midland

Zip: 79701

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: Police Custody
(pre-booking)

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:

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:

Aggravated Assault with a Deadly Weapon

Offense 2:

Evading Detention using a Vehicle

Offense 3:

Possession of a Controlled Substance

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: Violent Crime
Against Persons

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 civilian(s) or other inmate(s)

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):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Yes	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 October 5, 2024 Officers responded to a disturbance involving weapons. Upon arrival in the area the suspect fled from Officers in a vehicle however he was located a short time later. When Officers located the suspect he was attempting to assault other victims. The suspect was non-compliant and attempted to assault Officers. Officers utilized OC spray to subdue the suspect. The suspect was believed to be under the influence of a stimulate narcotics and cocaine was located in his vehicle. Officers transported the suspect to the hospital where upon arrival he went into cardiac arrest. The suspect was admitted and no charges were filed at the time due to him being admitted. On November 2, 2024 Officers were notified that the suspect had died while still admitted to the hospital. The Texas Rangers were notified and are conducting an in custody death investigation. The preliminary results of autopsy indicate an over dose as the cause of death.