KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-1598-C	Version Type:	AMENDED
Report Date:	12/5/2024 4:25 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	La Feria Police Dept.	Agency Address:	115 E. Commercial
Agency City:	La Feria	Agency State:	TX
Agency Zip:	78559		

Director Information

Director Salutation:	Chief	Director First Name:	Cesar
Director Middle Name:			
Director Last Name:	Diaz		
Reporter Name:	Christopher Cisneros	Reporter Email:	ccisneros@cityoflaferia.com

Decedent Information

Identity of Deceased

First Name: Christopher

Middle Name: Lee

Last Name: Pena

Suffix:

Date of Birth: 7/1/1983 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 41

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

Date/Time of Custody or Incident: 11/8/2024 6:36 AM

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

Death Date and Time: 11/8/2024 7:49 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:

Acute Methamphetamine Toxicity complicated by Physical Exertion associated with Forced Entry Activates and Subdual Efforts

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?: 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?: 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:	2900 Block of Maria Dr.	City:	La Feria
County:	Cameron	Zip:	78559

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

Location Category: Residence/Home

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?: 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:

PC 30.02 Burglary of Habitation

Offense 2:

HSC 481.115 Possession of Controlled Substance PG 1

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; Crime Against Property

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?:	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

Summary of Incident

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

Summary:

OFFICER RESPONDED TO A BURGLARY IN PROGRESS IN THE 2900 BLOCK OF MARIA DRIVE LA FERIA, TEXAS. UPON ARRIVAL OFFICERS DETAIN A MALE THAT WAS LAYING ON THE FRONT LAWN OF A RESIDENCE. HOME OWNERS IDENTIFIED THE MALE AS THE SUSPECT OF THE BURGLARY. OFFICERS DETAINED THE MALE AND BEGAN THERE INVESTIGATION. THE MALE COMPLAINED OF TROUBLE BREATHING AND OFFICERS OBSERVED SIGNS OF INTOXICATION. OFFICERS REQUESTED EMS ON SCENE AND MONITORED THE MALE WHILE WAITING FOR EMS. THE MALE BECAME UNRESPONSIVE AND OFFICERS BEGAN CPR. WHILE PROVIDED CARE, OFFICERS DISCOVERED A CONTROLLED SUBSTANCE CONCEALED ON THE MALE. EMS AND LA FERIA FIRE DEPARTMENT TOOK OVER CARE. THE MALE WAS TRANSPORTED TO THE LOCAL HOSPITAL WHERE HE WAS PRONOUNCED DECEASED.