



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 25-831-CJ

Version Type: AMENDED

Report Date: 10/14/2025 2:01 PM

Status: Submitted

Agency/Facility Information

Agency Name: Eastland County Sheriff's Dept.

Agency Address: 201 W. White

Agency City: Eastland

Agency State: TX

Agency Zip: 76448

Director Information

Director Salutation: Sheriff

Director First Name: Jason

Director Middle Name:

Director Last Name: Weger

Reporter Name: Lynn Brownlee

Reporter Email: lynn@eastlandcountytexas.gov

Decedent Information

Identity of Deceased

First Name: Amanda

Middle Name: Jocelyne

Last Name: Olguin

Suffix:

Date of Birth: 9/13/1987

Sex: Female

Race: Anglo or White

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: 9/26/2025 9:35 AM

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

Death Date and Time: 9/30/2025 2:05 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: Suicide

Medical Cause of Death:

Medical Cause of Death:

Based on the available case history and autopsy findings, it is my opinion that Amanda Jocelyne Olguin, a 38-year-old woman, died as a result of the toxic effects of acetaminophen.

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

Medical Treatment: Unknown

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: 7777 Forest Ln.

City: Dallas

County: Dallas

Zip: 75230

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

Location Category: Law Enforcement
Facility

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:

Jail - multiple occupancy cell

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: 8/18/2025 9:00 AM

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:

22.01(b-2)
ASSAULT PEACE OFFICER/JUDGE [FELONY 2]

Offense 2:

38.04(b)(2)(A)
EVADING ARREST DET W/VEH [FELONY 3]

Offense 3:

38.03(a)
RESIST ARREST SEARCH OR TRANSP [MISDEMEANOR A]

Were the Charges:: Filed

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:

Felony Charges

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): Unknown

Make suicidal statements?: No

Exhibit any mental health
problems?: No

Exhibit any medical problems?: No

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:	Unknown	Escape or attempt to escape/flee custody:	Yes
Attempt gain possession officer's weapon:	Unknown		

Was the deceased under restraint in the time leading up to the death or the events causing the death?

Under Restraint: No

Summary of Incident

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

Summary:

On September 26th at approximately 09:35 am Jail nursing staff passed out daily medication and observed inmate laying in her assigned bunk. Jail nursing staff noted the inmate pale in color and exhibited rapid breathing. Emergence services responded and ultimately transported the inmate to Medical City Dallas vis air ambulance. On September 30th, 2025the inmate was pronounced deceased by medical personal. On October 1st, 2025 and autopsy was preformed at the Southwest Institute of Forensic Science in Dallas Tx.: the results are ending toxicology. Jail Administration reviewed the video surveillance of inmate's cell: It appeared the inmate over time ingested an unknown amount of Acetaminophen that she received via commissary on September 24th, 2025 which may have reacted to her prescribed medication by licensed medical provider.