



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 19-420-PF

Version Type: ORIGINAL
VERSION

Report Date: 4/26/2019 4:29 PM

Status: Submitted

Agency/Facility Information

Agency Name: El Paso County
Sheriff's Dept.

Agency Address: 3850 Justice Road

Agency City: El Paso

Agency State: TX

Agency Zip: 79938

Director Information

Director Salutation: Sergeant

Director First Name: John

Director Middle Name:

Director Last Name: Greer

Reporter Name: James Belknap

Reporter Email: jbelknap@epcounty.com

Decedent Information

Identity of Deceased

First Name: Gilberto

Middle Name:

Last Name: Egure-Garcia

Suffix:

Date of Birth: 4/28/1956

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 62

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

Date/Time of Custody or
Incident: 2/14/2019 5:15 PM

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

Death Date and Time: 3/18/2019 9:30 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: Natural

Medical Cause of Death:

Medical Cause of Death:

Intracerebral Hemorrhage (Right Thalamus)
Contributing: Hypertensive and Atherosclerotic Cardiovascular disease

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?: 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: 3280 Joe Battle
Blvd.

City: El Paso

County: El Paso

Zip: 79938

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: Private Facility

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: 3/1/2019 9:45 PM

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:

Possession marijuana over 50lbs<2,000lbs

Offense 2:

Offense 3:

Were the Charges:: Filed

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): No

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

Resist being handcuffed or

standoff?:	No	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: No

Summary of Incident

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

Summary:

On 03/01/2019 at 0855 hrs. Inmate Gilberto Egure – Garcia is transferred to pod 1500 from pod 700. The reason for transfer was to monitor Inmate Garcia's health as it appeared to be deteriorating. Garcia was housed in cell 1507-A, a single man cell (lock down with camera).

At 1050 hrs, a lunch plate was left inside Garcia's cell, Officer Vargas observed Garcia laying on his bunk appeared to be sleeping Vargas told him he would leave his food on the table. Garcia mumbled and nodded his head in acknowledgement.

At 1604 hrs. Officer Vargas delivers a dinner plate to Inmate Garcia, Vargas observes that the first food plate from 1050 hrs. had not been not eaten. Officer Vargas stated that he observed Garcia to be breathing heavily, eyes open and lying in his bunk. Officer Vargas called the Clinic to advise that Garcia seemed sick.

1640 hrs. Mental Health Social Worker checked on Garcia and determined that he had needed Medical attention.

2025 hrs. Medical staff was dispensing medication to the pod and informed the clinic that Garcia needed medical evaluation.

2110 hrs. Garcia was transferred to the Clinic for evaluation.

2145 hrs. Garcia was transferred by Ambulance to an area Hospital. Garcia remained at the Hospital from 03/01/2019 to 03/18/2019 at 0930hrs when he was pronounced dead. On 03/15/2019 a Judge issued a release from custody order for Garcia.