KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-364-CJ	Version Type:	ORIGINAL VERSION
Report Date:	4/16/2019 4:27 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Cameron County Sheriff's Dept.	Agency Address:	7300 Old Alice Rd
Agency City:	Olmito	Agency State:	TX
Agency Zip:	78575		

Director Information

Director Salutation:	Captain	Director First Name:	Javier
Director Middle Name:			
Director Last Name:	Reyna		
Reporter Name:	LAURA TREVINO	Reporter Email:	latrevino@co.cameron.tx.us

Decedent Information

Identity of Deceased

First Name: GABRIEL

Middle Name: ANGULO

Last Name: RIVERA

Suffix:

Date of Birth: 1/8/1977 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 42

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

Date/Time of Custody or Incident: 3/21/2019 4:06 PM

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

Death Date and Time: 3/26/2019 8:10 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 pending

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

Manner of Death: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

PENDING

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?: 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?: Could not be determined

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:	7100 OLD ALICE ROAD	City:	OLMITO
County:	Cameron	Zip:	78575

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 - holding 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:

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:

DWI 3RD (FTA)

Offense 2:

CHILD SUPPORT

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; Other, specify

Type of Offense, Other:

CHILD SUPPORT

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: Injured law enforcement personnel; 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):	No	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?:	Yes	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:	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; Leg Shackles

Summary of Incident

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

Summary:

"On Monday March 25, 2019 at around 12 noon inmate Gabriel RIVERA assaulted a jailer. The necessary force was used to subdue inmate RIVERA and county nursing staff sent RIVERA to the hospital for a medical clearance. RIVERA was subsequently medically cleared and returned back to his cell at around 7:30pm. RIVERA was then observed by medical staff punching and kicking a door in the booking area where RIVERA

was being housed. Medical staff ordered detention officers to place RIVERA in a padded cell for his own protection to keep him from further hurting himself. When the transfer of cell was attempted, RIVERA became combative and OC pepper spray was used on RIVERA and officers entered the cell with a shield to protect themselves and to subdue RIVERA. During this time the necessary forced was used to restrain RIVERA and place him in mechanical restraints. Detention officers noted that RIVERA injured his head during the attempt to subdue him by hitting his head on a cement bench causing injury. RIVERA was placed on a restraint chair and taken to the booking area medical room to be seen by medical staff. Shortly after, RIVERA became unresponsive and was removed from the restraint chair and CPR was performed. EMS was called and he was transported to Valley Baptist Medical Center and at approximately 8:01 am on March 26, 2019 inmate RIVERA was pronounced dead."