

CUSTODIAL DEATH REPORT

Agency Information

PA Number: PA15651C Report Date: 11/4/2020 3:30 PM

Status: Submitted

Agency/Facility Information

Department ID: 352 Department Type: POLICE

Agency Name: Harlingen Police Dept. Agency Number: TX0310300

Agency Phone: 9564278750 Agency Address: 1018 Fair Park Blvd.

Agency City: Harlingen Agency County: Cameron

Agency State: TX Agency Zip: 78550

Director Information

Director Salutation:

Chief

Director First Name:

Jeff

Director Middle Name:

Director Last Name:

Adickes

Reporter Name: Sgt. Carlos X. Cantu Reporter Email: ccantu@harlingenpolice.com

OLD Custodial Death Report :: Page 1 of 7

Location / Custody Information

| Where did the event causing | g the death occur? | | | | |
|---|------------------------------------|-----------------|--|--|--|
| Street Address: | 1018 Fair Park Blvd. | City: Harlingen | | | |
| County: | Cameron | | | | |
| | | | | | |
| What type of custody/facility was the Decedent in at the time of death: | | | | | |
| | Type of Custody: | | | | |
| Police Custody (pro booking) | Type of Custody. | | | | |
| Police Custody (pre-booking) | | | | | |
| | | | | | |
| Specific type of custody/fac | sility: | | | | |
| | | | | | |
| | Specific Type of Custody/Facility: | | | | |
| Custody of Peace Officer subsec | uent to arrest | | | | |
| | Custody Type Facility: | | | | |
| | | | | | |
| | | | | | |
| 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 Data Time: | | | | | |
| Entry Date Time: | | | | | |
| Entry Date Time N/A: | | | | | |
| Entry Date Time N/A. | AM. | | | | |
| | | | | | |
| Where did the death occur? | ? | | | | |
| | | | | | |
| Death Location: | At medical facility | | | | |
| | | | | | |
| Death Location Elsewhere: | | | | | |

Decedent Information

| Identity of Deceased | | | | | |
|---|---------------------------------|-----------|--|--|--|
| First Name: | Silviano | | | | |
| Middle Name: | | | | | |
| Last Name: | Ortiz | | | | |
| Suffix: | | | | | |
| Date of Birth: | 1/22/1978 | Sex: Male | | | |
| Ethnicity: | Hispanic | | | | |
| Date/Time of Death (mm/dd/yyyy hh:mm AM/PM): Death Date and Time: 10/18/2015 8:59 PM Dete/Time of Custody (arrest, incorporation) (mm/dd/yyyy hh:mm AM/PM): | | | | | |
| Date/Time of Custody (arrest, incarceration) (mm/dd/yyyy hh:mm AM/PM): | | | | | |
| 10/18/2015 8:09 PM | Date/Time of Custody or Inciden | t: | | | |
| Manner / Cause of Death | | | | | |
| | | | | | |

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

| Yes, results are available |
|--|
| What was the manner of death? (select only one) |
| Manner of Death: |
| Accidental |
| Manner of Death Description: |
| Acute Combined Cocaine and Ethanol Toxicity |
| Death Reason: |
| Don\'t know |
| Medical Cause of Death: |
| Medical Cause of Death: |
| Acute Combined Cocaine and Ethanol Toxicity |
| |
| 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? |
| in death was an accident, normedee of saidide, who caused the death: |
| Who caused the death?: |
| Not applicable; cause of death was suicide, intoxication or illness/natural causes |
| Death Causer Other: |
| |
| If a weapon caused the death, what type of weapon caused the death? (mark all that apply) |
| in a weapon eaused the death, what type of weapon eaused the death: (mark all that apply) |
| Type of Death Weapon: |
| Not Applicable |
| |
| Was the cause of death the result of a pre-existing medical condition or did the decedent |

Medical Examinor/Coroner Evalution?:

develop the condition after admission?

| Pre existing medical condition?: | | | | |
|---|--|--|--|--|
| Don\'t know | | | | |
| | | | | |
| If death was an accident, homicide or suicide, what was the means of death? | | | | |
| | | | | |
| Means of Death: | | | | |
| Not applicable; cause of death was intoxication or illness/natural causes | | | | |
| | | | | |
| | | | | |
| | | | | |
| General Information | | | | |
| | | | | |
| | | | | |
| 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: | | | | |
| Resisting Arrest or Transport | | | | |
| Offense 2: | | | | |
| Public Intoxication | | | | |
| | | | | |
| Offense 3: | | | | |
| | | | | |
| Were the Charges:: | | | | |
| Not filed at time of death | | | | |
| | | | | |
| What were the types of charges or reason for contact? | | | | |
| Type of Offense: | | | | |
| | | | | |
| | | | | |
| Injuries of Decedent | | | | |
| | | | | |

Injured By: Injured by Unknown

| Appear intoxicated (alcohol or drugs): | Yes | Exhibit any mental health problems?: | | | |
|---|---------------|---|-----|--|--|
| Exhibit any medical problems?: | | | | | |
| At any time during the incident and/or entry into the law enforcement facility, did the decedent: | | | | | |
| Threaten the officer(s) involved: | No | Resist being handcuffed or arrested?: | Yes | | |
| Try to escape/flee from custody: | No | Grab, hit or fight with the officer(s): | Yes | | |
| Other Behavior: | | | | | |
| | | | | | |
| | Specify Other | er Behavior: | | | |
| | | | | | |
| Use weapon threaten/assault officer(s): | 0 | | | | |
| Was the deceased under restraint in the time leading up to the death or the events causing the death? | | | | | |
| | Unde | er Restraint: | | | |
| Yes | | | | | |
| | | | | | |
| | | | | | |
| Summary of Incide | ent —————— | | | | |
| | | | | | |
| Summary of How the Death Occurred: (max. 30,000 characters) | | | | | |
| | | Summary: | | | |

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Officers responded to a call at a local business where Mr. Ortiz was acting erratically and appeared to be under the influence of an unknown intoxicant. Mr. Ortiz was detained and became combative and aggressive.

He was handcuffed and a hobble device placed around his ankles to prevent his kicking at the officers. He was placed in a marked unit for transport to jail. Upon his arrival to the jail sallyport Mr. Ortiz became unresponsive and officers performed CPR in an attempt to revive him. EMS arrived and transportyed Mr. Ortiz to the hospital where he was later pronounced dead.

On 1-22-2016 Elizabeth J. Miller, M.D. issued a finding based on the autopsy of Ortiz. Dr. Miller cited Acute Combined Cocaine and Ethanol Toxicity.