



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 22-850-UF

Version Type: ORIGINAL  
VERSION

Report Date: 6/29/2022 9:44 AM

Status: Submitted

## Agency/Facility Information

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Agency Name: Uvalde County  
Sheriff's Dept.

Agency Address: 339 King Fisher Ln,  
BOX 1

Agency City: Uvalde

Agency State: TX

Agency Zip: 78801

## Director Information

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Director Salutation: Sheriff

Director First Name: Ruben

Director Middle Name:

Director Last Name: Nolasco

Reporter Name: Ruben Nolasco

Reporter Email: sheriff@uvaldecounty.com

## Decedent Information

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## Identity of Deceased

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First Name: Salvador

Middle Name:

Last Name: Ramos

Suffix:

Date of Birth: 5/16/2004

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 18

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

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Date/Time of Custody or Incident: 5/24/2022 12:50 PM

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

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Death Date and Time: 5/24/2022 12:50 PM

## Manner / Cause of Death

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

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Medical Examiner/Coroner Evaluation?: Yes, results pending

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

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Manner of Death: Pending autopsy results

## Medical Cause of Death:

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Medical Cause of Death:

Pending results

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

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Medical Treatment: Not Applicable

If death was an accident, homicide or suicide, who caused the death?

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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)

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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?

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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?

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Means of Death: Not applicable,  
cause of death was  
illness/natural  
cause

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 715 Old Carrizo Rd.

City: Uvalde

County: Uvalde

Zip: 78801

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

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Location Category: Other, specify

Other Location Category:

Elementary School

What type of custody/facility was the Decedent in at the time of death:

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Type of Custody: Pre-Custodial Use  
of Force

Specific type of custody/facility:

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Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel during/fleeing 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):

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Entry Date Time:

Entry Date Time N/A: ☒

Where did the death occur?

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Death Location: Elsewhere, specify

Death Location Elsewhere:

Elementary School

## General Information

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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:

Capital Murder

Offense 2:

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: Violent Crime  
Against Persons;  
Crimes Against  
Child(ren)

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed firearm without discharge;  
Discharged firearm

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

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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; Killed civilian(s) or other inmate(s); Injured civilian(s) or other inmate(s); Attempted to injure civilian(s) or other inmate(s)

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

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Appear intoxicated (alcohol or drugs): Unknown

Make suicidal statements?: Unknown

Exhibit any mental health problems?: Unknown

Exhibit any medical problems?: Unknown

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

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Barricade self or initiate standoff?: Unknown

Resist being handcuffed or arrested?: Unknown

Physically attempt/assault officer(s): Unknown

Gain possession of officer's weapon: No

Verbally threaten other(s) including law: Unknown

Escape or attempt to escape/flee custody: Unknown

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?

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Under Restraint: No

## Summary of Incident

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

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Summary:

Multiple agencies involved, case pending further investigation to determine what agency caused death