



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

---

CDR Number: 18-1326-CJ

Version Type: ORIGINAL  
VERSION

Report Date: 1/8/2019 10:37 AM

Status: Submitted

## Agency/Facility Information

---

Agency Name: Bexar County  
Sheriff's Office

Agency Address: 200 N. Comal

Agency City: San Antonio

Agency State: TX

Agency Zip: 78207

## Director Information

---

Director Salutation: Sheriff

Director First Name: Javier

Director Middle Name:

Director Last Name: Salazar

Reporter Name: Tammy Flores

Reporter Email: tammy.flores@bexar.org

## Decedent Information

---

## Identity of Deceased

---

First Name: FERNANDO

Middle Name:

Last Name: MACIAS

Suffix:

Date of Birth: 4/5/1957

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 61

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

---

Date/Time of Custody or  
Incident: 3/8/2018 5:05 AM

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

---

Death Date and Time: 12/16/2018 11:23  
PM

## Manner / Cause of Death

---

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

---

Medical Examiner/Coroner Yes, results are  
Evaluation?: available

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

---

Manner of Death: Natural

## Medical Cause of Death:

---

Medical Cause of Death:

COMPLICATIONS OF END STAGE RENAL DISEASE

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

---

Medical Treatment: Yes

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

## Location / Custody Information

---

Where did the event causing the death occur?

---

Street Address: 4502 MEDICAL DR

City: SAN ANTONIO

County: Bexar

Zip: 78229

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

---

Location Category: Other, specify

Other Location Category:

HOSPITAL -EMERGENCY CENTER

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:

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: 3/8/2018 5:05 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:

ATTEMPTED CAPITAL MURDER - POLICE OFFICER

Offense 2:

ATTEMPTED CAPITAL MURDER- POLICE OFFICER

Offense 3:

ATTEMPTED CAPITAL MURDER- POLICE OFFICER

Were the Charges:: Filed

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

---

Type of Offense: Violent Crime  
Against Persons

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?: Unknown

Exhibit any mental health  
problems?: Unknown

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?:	No	Resist being handcuffed or 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:

Inmate was previously hospitalized at the hospital from 11/15/18 to 12/11/18. Upon return to the facility, inmate remained housed in Infirmary. On Sunday, 12/16/18, the inmate was transported back to the hospital for further treatment of pre-existing condition but was pronounced deceased at approximately 2320 hours by hospital staff.