Agency Information

CDR Number: 18-1326-CJ
Report Date: 1/8/2019 10:37 AM
Version Type: ORIGINAL VERSION
Status: Submitted

Agency/Facility Information

Agency Name: Bexar County Sheriff's Office
Agency City: San Antonio
Agency Zip: 78207
Agency Address: 200 N. Comal
Agency State: TX

Director Information

Director Salutation: Sheriff
Director First Name: Javier
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 Evaluation?: Yes, results are available

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

Manner of Death: Natural
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  
County: Bexar  
City: SAN ANTONIO  
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?
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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barricade self or initiate standoff?</td>
<td>No</td>
</tr>
<tr>
<td>Resist being handcuffed or arrested?</td>
<td>No</td>
</tr>
<tr>
<td>Physically attempt/assault officer(s)?</td>
<td>No</td>
</tr>
<tr>
<td>Gain possession of officer’s weapon?</td>
<td>No</td>
</tr>
<tr>
<td>Verbally threaten other(s) including law?</td>
<td>No</td>
</tr>
<tr>
<td>Escape or attempt to escape/flee custody?</td>
<td>No</td>
</tr>
<tr>
<td>Attempt gain possession officer’s weapon?</td>
<td>No</td>
</tr>
</tbody>
</table>

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.