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 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
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:

<table>
<thead>
<tr>
<th>Action</th>
<th>Answer</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 of 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?

<table>
<thead>
<tr>
<th>Under Restraint</th>
<th>Answer</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
</tr>
</tbody>
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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.