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### **CUSTODIAL DEATH REPORT**

## Agency Information

CDR Number:	20-1625-UF	Version Type:	ORIGINAL VERSION
Report Date:	11/23/2020 11:28 AM	5 Status:	Submitted
Agency/Facility Information			
Agency Name:	Ector County Sheriff's Ofc.	Agency Address:	2500 S. Highway 385
Agency City:	Odessa	Agency State:	ТХ
Agency Zip:	79761		
Director Information			
Director Salutation:	Sheriff	Director First Name:	Michael
Director Middle Name:			
Director Last Name:	Griffis		
Banartar Nama, Randy			
Reporter Name: Doming	juez	Reporter Email: randy.dominguez@	ectorcountysheriff.us

## **Decedent Information**

First Name:RodolfoMiddle Name:IvanLast Name:LaresSuffix:Suffix:Date of Birth:6/2/1992Race:Hispanic or Latino

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

Date/Time of Custody or 11/20/2020 2:26 Incident: AM

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

Death Date and Time: 11/20/2020 2:26 AM

## Manner / Cause of Death

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

Medical Examinor/Coroner Yes, results Evalution?: pending

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

Medical Cause of Death:

Medical Cause of Death:

trauma caused by traffic trash

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?: Other detainee(s)

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 Vehicle-involved death?: death

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 Could not be condition?: determined

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Vehicle accident

Location / Custody Information

Street Address: 2100 Co. RD West County: Ector City: Odessa Zip: 79763

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

Location Category: Roadway/highway/street/sidewalk

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

Type of Custody: Pre-Custodial Use of Force

Specific type of custody/facility:

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):

Entry Date Time:

Entry Date Time N/A:

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:

tampering with evidence

Offense 2:

Offense 3:

Were the Charges:: Not filed at time of death

death

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

Type of Offense: Alcohol / drug offense

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?: No

 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:

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:	Yes
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:

On 11-20-2020 at 0226hrs, a ECSO Deputy attempted to conduct a traffic stop on a 2002 Tan Chevy Silverado bearing TXLP-LLL2513, in the area of W. University and Mercedes, for a traffic related issues. The Deputy activated his emergency lights and siren in attempts to have the said vehicle come to a stop. The said vehicle refused to come to a stop and evaded the Deputy. A pursuit ensued at this time. The vehicle began to evade at a high rate of speed. While the said vehicle was evading Law Enforcement the Deputy observed the front seat passenger throw out a clear plastic bag with a white powdery substance believed to be cocaine from his window.

The pursuit only lasted approx. 1 minute in time before the vehicle crashed into a tree located at 2100 Co. Rd West. The driver of the vehicle suffered serious bodily injury and was transported to the Hospital, but is expected to live. The front seat passenger suffered serious bodily injury and was also transported to the Hospital where he passed away from his injuries.

At this time a warrant was issued for the driver of the Chevy Silverado for the criminal offense of Evading in a Motor Vehicle Causing Death.