



**U.S. Immigration and Customs Enforcement (ICE)**  
**Detainee Death Report: BATREZ Vargas, Lorenzo Antonio**

General Demographic/Background Information

- **Date of Birth:** July 6, 1993
- **Date of Death:** August 31, 2025
- **Age:** 32
- **Sex:** Male
- **Country of Citizenship:** Mexico

Immigration History

Mr. BATREZ Vargas entered the United States at an unknown date and location, without being admitted or paroled by an Immigration Officer.

**On August 3, 2025**, ICE Enforcement and Removal Operations (ERO) processed Mr. BATREZ Vargas at the ERO Phoenix Field Office pursuant to an immigration detainer with Coconino County Jail and a Form I-862 as an alien present in the United States without being admitted or paroled or who arrived in the United States at any time or place other than as designated by the Attorney General, under the Immigration and Nationality Act.

**On August 4, 2025**, ERO Phoenix transferred Mr. BATREZ Vargas to Florence Detention Center (FDC) in Florence, AZ.

**On August 7, 2025**, ERO Phoenix transferred Mr. BATREZ Vargas to Central Arizona Florence Correctional Complex (CAFCC) in Florence, AZ.

Criminal History

**On March 3, 2018**, Flagstaff Police Department (FPD) in Flagstaff, AZ, arrested Mr. BATREZ Vargas for the offenses of driving under the influence, possession/use of drug paraphernalia, possession of marijuana, and driving under the influence of drugs/metabolite.

**On March 28, 2024**, the FPD arrested Mr. BATREZ Vargas and charged him with DUI. On May 31, 2024, the Flagstaff Municipal Court convicted him of this crime and sentenced him to 10 days in confinement.

**On August 2, 2025**, FPD arrested Mr. BATREZ Vargas for the offense of drug possession/use of drug paraphernalia.

Synopsis of Events

**On August 4, 2025**, a licensed vocational nurse (LVN) conducted Mr. BATREZ Vargas's intake screening and documented his history of diabetes, complaints of dizziness and blurred vision, and recorded normal vital signs. The screening identified substantially elevated blood sugar levels and abnormal urinalysis results, including the presence of blood and glucose in the urine. The LVN referred Mr. Batrez Vargas to an advanced practice provider (APP) for urgent evaluation. His chest X-ray for tuberculosis screening was negative.



**On the same day**, an APP conducted a comprehensive health assessment for Mr. BATREZ Vargas, noting his history of diabetes and recent hospitalization due to elevated blood sugar. The APP ordered routine laboratory tests, prescribed treatment for a small wound on his left foot, and long- and short-acting insulins. A registered nurse (RN) administered regular insulin and intravenous fluids, then reassessed his blood sugar which showed improved but mildly elevated results.

**On August 7, 2025**, ICE transferred Mr. BATREZ Vargas to CAFCC.

**On August 8, 2025**, a licensed practical nurse (LPN) completed Mr. BATREZ Vargas' intake screening noting his history of diabetes, left foot wound, and the amputation of three toes a year earlier. The LPN recorded normal vital signs, an elevated blood sugar level, a non-draining wound on the bottom of his left foot which was covered with an adhesive bandage and showed no signs of infection. The LPN scheduled a follow-up appointment with an advanced practice provider (APP).

**On August 8, 2025**, an APP ordered Mr. BATREZ Vargas to continue the medications listed on his transfer summary, which included short- and long-acting insulin.

**On August 9, 2025**, an APP conducted a follow-up evaluation for Mr. BATREZ Vargas, noting the left foot wound, an otherwise normal physical examination, and normal vital signs, prescribed an intermediate-acting insulin to be administered twice daily in lieu of the long-acting insulin, ordered an X-ray of his left foot, and continued wound care. The APP recommended the pneumococcal pneumonia vaccine, which Mr. Batrez Vargas later refused, and scheduled a follow-up appointment.

**On August 11, 2025**, an RN conducted a sick call evaluation for Mr. BATREZ Vargas, who reported symptoms of congestion, cough, and sore throat. The RN documented slightly elevated blood sugar and blood pressure readings, otherwise normal vital signs, and normal lung sounds. An APP prescribed a combination fever reducer and decongestant medication to manage his symptoms.

**On August 14, 2025**, Mr. BATREZ Vargas reported symptoms of shortness of breath, sweating, headache, lower back pain, nausea, and vomiting. An RN documented elevated blood pressure and blood sugar readings, normal oxygen saturation, normal lung sounds with labored breathing, and an elevated heart rate on his electrocardiogram (EKG), which otherwise showed normal results. Mr. BATREZ Vargas tested positive for COVID-19, and the APP ordered his placement under medical observation in isolation, with vital signs monitored twice daily, and a follow-up appointment for the next day.

**On August 15, 2025**, an APP completed Mr. BATREZ Vargas' follow-up evaluation. The APP noted nasal congestion and an otherwise normal physical examination, including clear lung sounds. The provider ordered a chest X-ray and urinalysis for further evaluation.

**Between August 15 and 19, 2025**, nursing staff completed Mr. BATREZ Vargas' vital signs and assessments, documented an unproductive cough, his denial of shortness of breath, consistently normal oxygen saturation levels, and clear lung sounds.

**On August 19, 2025**, an APP conducted a comprehensive health assessment, noting an active COVID-19 diagnosis and chest X-ray results showing infiltrates in the upper lobes of both lungs.



The APP documented clear lung sounds, noted drainage in his left ear, continued his current medications, prescribed an antibiotic, ordered routine laboratory tests, and scheduled an electrocardiogram (EKG) for September 1, 2025.

**On August 20, 2025**, an RN evaluated Mr. BATREZ Vargas prior to his transfer from the medical housing unit to the restricted housing unit (RHU) for continued isolation. The RN documented clear lung sounds, ongoing cough and congestion, and cleared him for transfer to the RHU.

**On August 26, 2025**, an APP noted Mr. BATREZ Vargas' completed 12 days of isolation and authorized his release.

**On August 28, 2025**, a medical assistant documented that Mr. BATREZ Vargas refused his laboratory tests. An APP conducted a follow-up evaluation for his left foot wound and continued the order for wound treatment. The APP noted normal blood pressure, heart rate, and oxygen saturation.

**On August 30, 2025, at approximately 2:40 p.m.**, an RN evaluated Mr. BATREZ Vargas for upper respiratory complaints and dizziness, documented normal lung sounds and vital signs, with the exception of a mildly elevated heart rate. An APP ordered the previously refused laboratory tests, prescribed a combination fever reducer and decongestant medication, ordered a chest X-ray, and respiratory isolation.

**At approximately 7:00 p.m.**, an RN evaluated Mr. BATREZ Vargas for difficulty breathing and documented normal vital signs along with diminished lung sounds. The RN consulted with an APP, who ordered an albuterol inhaler.

**On August 31, 2025, at approximately 6:00 a.m.**, an RN conducted Mr. BATREZ Vargas' assessment and noted complaints of shoulder pain and difficulty breathing, documented diminished lung sounds and labored breathing, and advised him to notify medical staff of any changes to his condition.

- **At approximately 6:32 a.m.**, medical staff responded to a medical emergency in Mr. BATREZ Vargas' housing unit and found him unresponsive. The staff called for emergency medical services (EMS), administered Narcan, initiated cardiopulmonary resuscitation, applied an automated external defibrillator, and administered one shock pending EMS personnel's arrival.
- **At approximately 6:45 a.m.**, EMS personnel arrived and assumed Mr. BATREZ Vargas' care.
- **At 7:02 a.m.**, EMS personnel contacted a physician at Mountain Vista Medical Center, in Mesa, AZ, and the physician pronounced Mr. BATREZ Vargas deceased.