KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	16-72-CJ	Version Type:	AMENDED
Report Date:	1/19/2017 10:04 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Dallas County Sheriff's Dept.	Agency Address:	133 N. Riverfront Blvd.
Agency City:	Dallas	Agency State:	TX
Agency Zip:	75207		

Director Information

Director Salutation:	Sheriff	Director First Name:	lupe
Director Middle Name:			
Director Last Name:	valdez		
Reporter Name:	TERESA HERNANDEZ	Reporter Email:	tahernandez@dallascounty.org

Decedent Information

Identity of Deceased

First Name: Javier

Middle Name:

Last Name: Leal

Suffix:

Date of Birth: 1/30/1960 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 56

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

Date/Time of Custody or Incident: 7/27/2016 3:53 PM

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

Death Date and Time: 12/31/2016 12:14 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)

Homicide (includes

Manner of Death:	Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

An Autopsy was performed and the cause of Death is: Blunt Force Injuries of the Head.
Manner of Death: Homicide.

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

Medical Treatment:	Not Applicable

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 death?:	Other Weapon, specify:

Other weapon, specify:

Hands, Feet, Etc.

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?:	Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

Means of Death:	Other, specify
Means of Death Other:	Hands, Feet, Etc.

Location / Custody Information

Where did the event causing the death occur?

Street Address:	111 W. Commerce St.	City:	Dallas
County:	Dallas	Zip:	75207

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

Location Category:	Law Enforcement Facility

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:
Jail - multiple occupancy cell

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:	7/27/2016 3:53 PM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

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:

Assault Family Violence

Offense 2:

Violation Protective Order

Offense 3:

Were the Charges:: Filed

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

Type of Offense: Other, specify

Type of Offense, Other:

Violation Protective Order

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):	No	Make suicidal statements?:	Unknown
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:	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:

On December 30, 2016, at approximately 2:13 a.m., the North Tower Jail Facility - 5 West Control Center Officer received calls on the intercom from inmates in 5 West Tank 10, asking for help because of a fight in cell "H". Upon arrival, officers observed Inmate Leal, Javier lying on the floor covered in blood. Nursing staff and Supervisors were called to the floor. Officers also observed Inmate Martin, Patrick, Leal's cellmate, in the cell with blood on his arms and clothes. Inmate Martin was placed in a holdover cell and inmate Leal was treated by the nursing staff. Inmate Leal was unresponsive and transported to Parkland Memorial Hospital by Dallas Fire and Rescue Ambulance. On December 31, 2016 at 12:14 p.m., Inmate Leal succumbed to his injuries and was pronounced deceased by Parkland Memorial Hospital, Physician Tompeck Allison. A Forensic Autopsy was performed by Dr. Quentin, Dallas County Medical Examiner's Office and the preliminary cause of death is blunt force injuries of the head. A Homicide Investigation is being conducted by the Dallas County Sheriff's Department under service number 16-123307.