KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-1-CJ	Version Type:	AMENDED
Report Date:	9/2/2020 11:24 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Travis County Sheriff's Dept.	Agency Address:	5555 Airport Blvd.
Agency City:	Austin	Agency State:	TX
Agency Zip:	78751		

Director Information

Director Salutation:	Sheriff	Director First Name:	Sally
Director Middle Name:			
Director Last Name:	Hernandez		
Reporter Name:	Alonzo Maldonado	Reporter Email:	alonzo.maldonado@traviscountytx.gov

Decedent Information

Identity of Deceased

First Name: Pablo

Middle Name: Machin

Last Name: Conde

Suffix:

Date of Birth: 6/30/1935 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 81

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

Date/Time of Custody or Incident: 11/14/2015 7:39 AM

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

Death Date and Time: 1/7/2017 3:57 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:

Medical Cause of Death:

Natural; a result of Atherosclerotic and Hypertensive Valvular Cardiovascular Disease.

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

Medical Treatment:	Unknown

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?:	Could not be determined

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:	3614 Bill Price Road	City:	Del Valle
County:	Travis	Zip:	78617

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:
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:	11/14/2015 7:39 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:

Aggravated Assault

Offense 2:

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: 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?: Unknown

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?: Yes

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

Resist being handcuffed or

standoff?:	Unknown	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 January 7, 2017 Corrections Officer H. Dinh was assigned at the Health Services Building located at the Travis County Correctional Facility at 3614 Bill Price Road in Del Valle, TX 78617 assigned to Unit HSB D-North. Inmate Conde had returned from receiving a hair cut at approximately 8:56 A.M. and wanted to take a shower. Officer Dinh allowed inmate Conde to shower beginning at approximately 9:05 A.M. at approximately 9:28 A.M. Officer Dinh began conducting a post visual, and realized Inmate Conde had been in the shower an abnormally long time. Officer Dinh went to insure Inmate Conde was alright. He found Inmate Conde laying in the shower, and called for assistance. At the time, Inmate Conde was in the shower by himself, and there was no apparent sign of injury. Inmate Conde was awake, but laying in the shower. Officer Dinh communicated to Inmate Conde, but Inmate Conde did not verbally communicate back; he only responded with a head nod and blinking of the eyes. When additional officers arrived, they placed Inmate Conde in a wheelchair, and escorted him to the clinic to be evaluated. The medical staff at the clinic called EMS, who arrived and took Inmate Conde to the hospital. Upon Inmate Conde's arrival at Brackenridge Hospital his conditioned worsened, and he was placed on life support until pronounced deceased by Dr. Abbey at 3:57 P.M.