KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	17-688-CJ	Version Type:	ORIGINAL VERSION
Report Date:	1/2/2018 12:43 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Nueces County Sheriff's Dept.	Agency Address:	PO BOX 1940
Agency City:	Corpus Christi	Agency State:	TX
Agency Zip:	78403		

Director Information

Director Salutation:	Sheriff	Director First Name:	Jim
Director Middle Name:			
Director Last Name:	Kaelin		
Reporter Name:	abel carreon	Reporter Email:	abel.carreon@nuecescountytx.gov

Decedent Information

Identity of Deceased

First Name: Gabriel

Middle Name:

Last Name: Trevino

Suffix:

Date of Birth: 2/9/1985 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 32

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

Date/Time of Custody or Incident: 12/5/2017 12:35 AM

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

Death Date and Time: 12/5/2017 1:13 AM

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 pending

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Unknown pending autopsy

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

Medical Treatment:	No

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:	901 Leopard St.	City:	Corpus Christi
County:	Nueces	Zip:	78401

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 - single 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:	10/17/2017 11:22 AM

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 Intentionally/Recklessly Impeding Breath/Circulation

Offense 2:

Possession Controlled Substance Penalty Group 1 >=1G<4G

Offense 3:

Were the Charges:: Convicted

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

Type of Offense: Violent Crime Against Persons; 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): No

Make suicidal statements?: No

Exhibit any mental health problems?: No

Exhibit any medical problems?: Yes

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 12/5/2017 at approximately 0035 hours, Officer Austin Wood conducted a security check of the Infirmary (Unit 3R) of the Nueces County Jail. When he checked on Cell #5, Officer Wood observed Inmate Gabriel Trevino kneeling adjacent to his bed with his head face down on the mattress. Officer Wood knocked on the cell door several times, but Inmate Trevino did not respond. Officer Wood called a Signal 35U (Inmate Down - Unknown) via radio. Security and Medical staff arrived at approximately 0043 hours. Medical personnel began chest compression after they were unable to find a pulse. 911 was contacted, and paramedics arrived on scene at approximately 0052 hours and began to administer aid but were unsuccessful. At approximately 0113 hours, Inmate Trevino was pronounced dead from hospital staff via telephone. Paramedics departed for the hospital with Inmate Trevino at approximately 0135 hours.