KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-1422-C	Version Type:	ORIGINAL VERSION
Report Date:	7/21/2022 11:40 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Dickinson Police Dept.	Agency Address:	4000 Liggio
Agency City:	Dickinson	Agency State:	TX
Agency Zip:	77539		

Director Information

Director Salutation:	Chief	Director First Name:	Ron
Director Middle Name:			
Director Last Name:	Morales		
Reporter Name:	Frank Price	Reporter Email:	fprice@ci.dickinson.tx.us

Decedent Information

Identity of Deceased

First Name: Jose

Middle Name: Antonio

Last Name: Sanchez

Suffix:

Date of Birth: 12/3/1979 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 38

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

Date/Time of Custody or Incident: 7/22/2018 2:41 AM

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

Death Date and Time: 7/22/2018 4:55 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 are available

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

Manner of Death: Accidental

Medical Cause of Death:

Medical Cause of Death:

Blunt Force Trauma

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?: Decedent

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?: Vehicle-involved 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 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: Vehicle accident

Location / Custody Information

Where did the event causing the death occur?

Street Address:	4921 FM 517 East	City:	Dickinson
County:	Galveston	Zip:	77539

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

Location Category: Business

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

Type of Custody: Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel subsequent to 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: 7/22/2018 3:34 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:

Driving While Intoxicated

Offense 2:

Offense 3:

Were the Charges::	Not filed at time of 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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	Exhibit any medical problems?:	No

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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

Officers were called to the scene of a vehicle accident at 0242hrs on July 22, 2018. The decedent had driven his vehicle into a business located at 4921 FM 517 East in Dickinson.This business is a 24 hour gas station with security cameras. Officers believed the decedent was intoxicated, and arrested the decedent for DWI. An intoxilyzer operator was called to operate the breathalyzer. During the observation period, the decedent became unresponsive. EMS was called and the decedent was transported to Mainland Center Hospital in Texas City. The custodial death was investigated by the Galveston County Sheriff's Office. The investigation determined that the decedent fell out of his moving vehicle and was run over by his own vehicle. He then reentered the vehicle,attempted to drive again and crashed into the wall of the business. The decedent gave no indication that he had been injured prior to officers arrival.