KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	18-802-PF	Version Type:	ORIGINAL VERSION
Report Date:	8/27/2018 5:00 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Karnes County Sheriff's Dept.	Agency Address:	210 W. Calvert Suite 110
Agency City:	Karnes City	Agency State:	TX
Agency Zip:	78118		

Director Information

Director Salutation:	Sheriff	Director First Name:	Dwayne
Director Middle Name:			
Director Last Name:	Villanueva		
Reporter Name:	Adam Martinez (GEO Group, Inc. Karnes County Correctional Center)	Reporter Email:	adamartinez@geogroup.com

Decedent Information

Identity of Deceased

First Name: Jose

Middle Name: Salomon

Last Name: Nunez

Suffix:

Date of Birth: 2/10/1971 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 47

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

Date/Time of Custody or Incident: 8/20/2018 4:57 PM

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

Death Date and Time: 8/20/2018 5:45 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 pending

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

Manner of Death: Suicide

Medical Cause of Death:

Medical Cause of Death:

Suicide by hanging

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?: Other Weapon, specify:

Other weapon, specify:

Towel tied to neck

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: Towel tied to neck

Location / Custody Information

Where did the event causing the death occur?

Street Address:	810 Commerce Street	City:	Karnes City
County:	Karnes	Zip:	78118

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

Location Category: Other, specify

Other Location Category:

Cell

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

Type of Custody: Private Facility

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: 6/17/2018 9:00 PM

Where did the death occur?

Death Location: Scene of incident

General Information

Did any other law enforcement agencies respond to calls for service related to this incident?

Other Agencies Respond?: Yes

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:

Super Aggravated Assault of a Child

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: Crimes Against Child(ren)

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?:	No

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Barricade self or initiate standoff?:	Yes	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:

Detainee was found unresponsive in Restricted Housing cell 367. Officer found detainee with towel tied to handle to assist into bunk and neck. Officer requested additional staff as well as Medical staff. Staff arrived, entered cell and cut towel above knot. Detainee was placed on ground and CPR began. Detainee was escorted to Facility Medical Department and EMS was called. EMS arrived and continued CPR. EMS transported detainee to local Emergency Room where doctor pronounced him deceased.