KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 19-794-CJ | Version Type: | ORIGINAL VERSION |
| Report Date: | 8/21/2019 3:04 PM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Bexar County Sheriff's Office | Agency Address: | 200 N. Comal |
| Agency City: | San Antonio | Agency State: | TX |
| Agency Zip: | 78207 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Javier |
| Director Middle Name: | | | |
| Director Last Name: | Salazar | | |
| Reporter Name: | Tammy Flores | Reporter Email: | tammy.flores@bexar.org |

## Decedent Information

### Identity of Deceased

First Name: Jack

Middle Name: Michael

Last Name: Ule

Suffix:

Date of Birth: 12/13/1955 Sex: Male

Race: Anglo or White

Age At Time Of Death: 63

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

Date/Time of Custody or Incident: 4/4/2019 4:16 AM

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

Death Date and Time: 4/18/2019 8:40 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: Natural

## Medical Cause of Death:

Medical Cause of Death:

Hypertrophic and dilated cardiomyopathy

## 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: | 200 N. Comal | City: | San Antonio |
| County: | Bexar | Zip: | 78207 |

### 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):

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|---|---|
| Entry Date Time: | 4/4/2019 4:16 AM |

### Where did the death occur?

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|---|---|
| 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:

Criminal Trespass-Private

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: Crime Against Property

## 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

Resist being handcuffed or

| | | | |
|---|---|---|---|
| standoff?: | No | 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 Thursday, April 18, 2019 at approximately 0808 hours, the Unit Officer responded to the cell in an effort to wake up the inmate to report to medical, however the inmate was unresponsive to verbal commands and attempts by the Officer to wake him by tapping on his shoulder. The Unit Officer activated an medical emergency code and initiated chest compressions until the arrival of medical personnel. SAFD EMS responded at 0822 hours and continued life saving efforts. The inmate was pronounced deceased at approximately 0840 hours by Dr. Bridges.