KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	20-112-CJ	Version Type:	AMENDED
Report Date:	8/18/2020 11:33 AM	Status:	Submitted

Agency/Facility Information

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

Director Information

Director Salutation:	Sheriff	Director First Name:	John
Director Middle Name:			
Director Last Name:	Hooper		
Reporter Name:	Martin Arnold	Reporter Email:	martin.arnold@nuecesco.com

Decedent Information

Identity of Deceased

First Name: Maria

Middle Name: Isabel

Last Name: Cabrera

Suffix:

Date of Birth: 10/10/1973 Sex: Female

Race: Hispanic or Latino

Age At Time Of Death: 46

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

Date/Time of Custody or Incident: 11/26/2019 1:30 PM

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

Death Date and Time: 2/6/2020 10:42 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: Could not be determined

Medical Cause of Death:

Medical Cause of Death:

Combined drug toxicity

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

Medical Treatment: Yes

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:	600 Elizabeth Street	City:	Corpus Christi
County:	Nueces	Zip:	78404

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

Location Category: Other, specify

Other Location Category:

Hospital

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: 2/4/2020 9:00 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?: 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:

Murder

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?: No

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?:	Yes	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs; Leg Shackles

Summary of Incident

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

Summary:

On the morning of Tuesday, February 04, 2020 at approximately 9:00 a.m. Nueces County Sheriff’s Office Inmate Maria Cabrera SO#10133294 was sent to Christus Spohn Hospital to be treated pre-existing medical condition (high liver enzymes). Inmate Cabrera was under constant watch by two Corrections Officers (Anthony Perales and Crystal Gonzales) during her stay at the hospital. On the morning of Thursday, February 06, 2020, Inmate Cabrera’s health declined and she suffered a seizure. Medical personnel at Christus Spohn provided medical attention to Inmate Cabrera but at approximately 9:55 a.m., Inmate Cabrera’s stopped breathing. Medical personnel at Christus Spohn once again provided medical attention to Inmate Cabrera in an attempt to revive her but their attempts were unsuccessful. At 10:42 Inmate Cabrera was pronounced deceased by Dr. Ramaki Chakilam. The scene was secured and C.I.D. was called out to process the scene.