KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-127-CJ	Version Type:	AMENDED
Report Date:	3/17/2022 8:47 AM	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:	Crystal Esquibel	Reporter Email:	crystal.esquibel@bexar.org

Decedent Information

Identity of Deceased

First Name: Robert

Middle Name: Canales

Last Name: Yanez

Suffix:

Date of Birth: 9/22/1951 Sex: Male

Race: Anglo or White

Age At Time Of Death: 69

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

Date/Time of Custody or Incident: 1/1/2020 4:49 AM

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

Death Date and Time: 1/29/2021 10:22 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 are available

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

Complications of sepsis with necrotizing pneumonia

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?:	Deceased developed condition after admission

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:
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:	1/1/2020 4:49 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:

AGG SEXUAL ASSAULT

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: Unknown

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?:	Unknown
Exhibit any mental health problems?:	Unknown	Exhibit any medical problems?:	Unknown

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		Gain possession of officer's	

officer(s):	No	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 Friday January 29, 2021 Cpl. Vela #2813 who was assigned to inmate Yanez, Robert SID# 225169 on first shift provided an update and informed staff that inmate was relocated from UH Floor #5, Room 131 to the Controlled Access Unit on the 8th floor in room #818. Note, Inmate Yanez was transported to University Hospital on 1/14/2021 at the direction of UHS for further evaluation. At approximately 1140 hours on 1/29/21, inmate Yanez was extubated, recieving oxygen, given Morphine, and was placed on Hospice care. Cpl. C. Harness #4321 then informed me that at approximately 2222 hours, Per Vitas Hospice RN John Hines, inmate Yanez was declared deceased.