KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	21-1661-PF	Version Type:	AMENDED
Report Date:	6/17/2022 4:47 PM	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:	Monica Rios	Reporter Email:	monica.rios@nuecescountytx.gov

Decedent Information

Identity of Deceased

First Name: Raul

Middle Name:

Last Name: Paz

Suffix:

Date of Birth: 10/30/1953 Sex: Male

Race: Anglo or White

Age At Time Of Death: 68

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

Date/Time of Custody or Incident: 8/27/2021 9:29 PM

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

Death Date and Time: 11/11/2021 6:36 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:

Medical Complications Due to COVID-19

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

Medical Treatment:	Unknown

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 N Shoreline	City:	Corpus Christi
County:	Nueces	Zip:	78401

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: Private Facility

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: 11/7/2021 12:57 PM

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:

Injury/Child/Elderly/Disabled

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?: Yes (select all that apply)

Ways Decedent Attempted To Injure Others: Injured civilian(s) or other inmate(s)

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?:	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:	No

Summary of Incident

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

Summary:

On a11/07/2021 at 1135am Inmate Raul Paz was assessed by medical staff in Unit 3R due to exhibiting an altered mental state (incoherent and not responsive to questions) and severe weakness to his body. Inmate Paz was unable to stand or walk on his own power. Due to his declined condition, EMS was contacted and arrived at the facility at 1137 hours. As EMS staff assisted Inmate Paz to his feet, 02 levels rapidly declined, and he needed to be assisted onto the gurney and placed on oxygen. Inmate Paz was then transported to Christus Spohn Shoreline Hospital located at 600 N. Shoreline, Corpus Christi, Texas 78401 for further evaluation.

On 11/11/2021 Inmate Raul Paz was pronounced deceased at 0636am at Christus Spohn Shoreline Hospital cause of death is unknown at this time pending the results of the autopsy. Texas Ranger Sgt. Rodney Henderson-Department of Public Safety was notified.