KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	22-1822-CJ	Version Type:	ORIGINAL VERSION
Report Date:	1/23/2023 1:31 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Jim Hogg County Sheriff's Dept.	Agency Address:	PO BOX 937
Agency City:	Hebbronville	Agency State:	TX
Agency Zip:	78361		

Director Information

Director Salutation:	Sheriff	Director First Name:	Erasmo
Director Middle Name:			
Director Last Name:	Alarcon Jr.		
Reporter Name:	reyes espinoza	Reporter Email:	respinoza@co.jim-hogg.tx.us

Decedent Information

Identity of Deceased

First Name: Michael

Middle Name: Joseph

Last Name: Tokos

Suffix:

Date of Birth: 12/6/1966 Sex: Male

Race: Anglo or White

Age At Time Of Death: 55

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

Date/Time of Custody or Incident: 8/17/2022 1:00 PM

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

Death Date and Time: 9/19/2022 1:00 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:

Hypertensive arteriosclerotic cardiovascular disease

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?:	Could not be determined

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:	201 Old Cemetery Rd	City:	Hebbronville
County:	Jim Hogg	Zip:	78361

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):

Entry Date Time:	8/17/2022 11:00 AM

Where did the death occur?

Death Location:	Elsewhere, specify

Death Location Elsewhere:

ambulance ,halo pad

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:

unauthorized use of motor vehicle.

Offense 2:

smuggling of person

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: Other, specify

Type of Offense, Other:

crimes against property and humans

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?:	N/A	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 9 19,2022 THE DECEASED WAS LAYING IN BED AND ACCORDING TO THE BUNK MATES HE STARTED TO SHAKE AND ALMOST FELL OUT OF THE BUNK HE WAS IN , INMATES CALLED JAILER ON DUTY AND JAILER SAW THAT DECEASED WAS BREATHIN SHALLOW AND JAILER IMMIDIATELY CALLED FOR AN AMBULANCE, AMBULANCE REMOVED THE DECEASED FROM THE BINK AND PLACED HIM IN THE STREATCHER AND PUT HIM IN THE AMBULANCE AND STARTED ATENDING TO HIM AND DROVE OVER TO THE HALO PAD WAITING FOR THE AIR AMBULANCE WOULD ARRIVE. AIR AMBULANCE ARRIVED AND WORKED ON THE DECEASED AND EVENTUALLY STOPPED DUE TO NO PULSE , THE COUNTY JUDGE PRONOUNCED HIM DEAD AT 12:00 NOON ON 09-19-2022.