KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 23-1439-CJ | Version Type: | AMENDED |
| Report Date: | 6/12/2024 1:26 PM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Dallas County Sheriff's Dept. | Agency Address: | 133 N. Riverfront Blvd. |
| Agency City: | Dallas | Agency State: | TX |
| Agency Zip: | 75207 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Marian |
| Director Middle Name: | | | |
| Director Last Name: | Brown | | |
| Reporter Name: | TERESA HERNANDEZ | Reporter Email: | tahernandez@dallascounty.org |

## Decedent Information

### Identity of Deceased

First Name: Raul

Middle Name:

Last Name: Reyes

Suffix:

Date of Birth: 3/31/1980 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 43

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

Date/Time of Custody or Incident: 11/23/2022 7:00 AM

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

Death Date and Time: 10/21/2023 3:07 AM

## Manner / Cause of Death

### Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Evaluation?: No, evaluation not planned

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

Manner of Death: Natural

## Medical Cause of Death:

Medical Cause of Death:

Rectal Cancer.

## 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)

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|---|---|
| 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?

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| Pre existing medical condition?: | Could not be determined |

## If death was an accident, homicide or suicide, what was the means of death?

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| Means of Death: | Not applicable, cause of death was illness/natural cause |

# Location / Custody Information

## Where did the event causing the death occur?

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|---|---|---|---|
| Street Address: | 5200 Harry Hines Blvd. | City: | Dallas |
| County: | Dallas | Zip: | 75235 |

## 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:

Entry Date Time N/A: ✓

## 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:

P/V Possession Control Substance PG1<1G

Offense 2:

Offense 3:

Were the Charges:: A probation/parole violation

## What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Alcohol / drug offense

## 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?: 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:

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|---|---|---|---|
| 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: | Leg Shackles |

## Summary of Incident

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

Summary:

Revised Narrative.....On November 23, 2022, at approximately 7:00 a.m., Reyes, Raul W/M 03-31-1980 (Decedent) was booked into the Dallas County Jail, Lew Sterrett Justice Center by the Dallas County Sheriff's Department, on the charge of Probation Violation Possession of Control Substance PG 1<1G, warrant #F2156759.
On September 29, 2023, at approximately 8:20 p.m., while taking medication the Decedent looked pale and was shaking, The Decedent was evaluated by Registered Nurse K. Nwazue who determined the Decedent needed further treatment at the Acute Care Clinic. At the Acute Care Clinic it was determined that the Decedent needed further treatment at Parkland Memorial Hospital.
At approximately 10:45 p.m., the Decedent was transported to Parkland Memorial Hospital.
On October 21, 2023, Dr. Arez Ali at Parkland Memorial Hospital, pronounced the Decedent deceased at 3:07 a.m.