KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-411-CJ	Version Type:	AMENDED
Report Date:	6/1/2023 2:32 PM	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: Hector

Middle Name:

Last Name: Lopez

Suffix:

Date of Birth: 4/13/1982 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 40

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

Date/Time of Custody or Incident: 1/26/2023 2:07 PM

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

Death Date and Time: 3/31/2023 1:02 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:

Cardiomegaly associated with hypertensive cardiovascular disease and morbid obesity

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: 200 N. Comal
City: San Antonio
County: Bexar
Zip: 78207

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

Location Category: Other, specify

Other Location Category:

Unknown; Pending Medical Examiner Report

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: 1/26/2023 2:07 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?: 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. Assault-SBI

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: Other, specify

Type of Offense, Other:

Inmate was held as a material witness

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?: Unknown

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):	Unknown	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	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 3/31/2023, at approximately 1155 hours, a Code 1 (Medical Assistance needed) was initiated by Deputy Taylor, Spencer. Inmate Guerra, Raul #519631 informed Deputy Taylor his cellmate, Lopez, Hector #733264, fell to the floor when he attempted to get off his bunk. All corridor personnel responded, and observed inmate Lopez breathing. Subsequently, inmate Lopez appeared to have stopped breathing, and Deputy Taylor immediately began chest compressions. The incident was upgraded to a Code 1 Blue (Medical Emergency), where several medical staff members responded, and took over life saving measures. SAFD arrived at approximately 1222 hours and transported inmate Lopez to Downtown Baptist. Inmate Lopez was pronounced deceased by Dr. D. Coleman at approximately 1302 hours.