KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 24-1522-CJ | Version Type: | ORIGINAL VERSION |
| Report Date: | 11/12/2024 9:12 AM | Status: | Submitted |

### Agency/Facility Information

| | | | |
|---|---|---|---|
| Agency Name: | Galveston County Sheriff's Dept. | Agency Address: | 601 54th St., Ste 2100 |
| Agency City: | Galveston | Agency State: | TX |
| Agency Zip: | 77551 | | |

### Director Information

| | | | |
|---|---|---|---|
| Director Salutation: | Sheriff | Director First Name: | Henry |
| Director Middle Name: | | | |
| Director Last Name: | Trochesset | | |
| Reporter Name: | Cody Schlageter | Reporter Email: | cody.schlageter@co.galveston.tx.us |

## Decedent Information

### Identity of Deceased

First Name: Oscar

Middle Name: Felipe

Last Name: Venegas

Suffix:

Date of Birth: 3/16/1970 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 54

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

Date/Time of Custody or Incident: 10/1/2024 4:47 PM

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

Death Date and Time: 10/14/2024 6:47 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 pending

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

Manner of Death: Suicide

## Medical Cause of Death:

Medical Cause of Death:

Asphyxiation

## 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?

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|---|---|
| Pre existing medical condition?: | Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide |

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

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|---|---|
| Means of Death: | Hanging, strangulation |

# Location / Custody Information

### Where did the event causing the death occur?

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|---|---|---|---|
| Street Address: | 5700 Ave H | City: | Galveston |
| County: | Galveston | Zip: | 77550 |

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

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|---|---|
| Location Category: | Law Enforcement Facility |

### What type of custody/facility was the Decedent in at the time of death:

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|---|---|
| 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: | 10/1/2024 4:47 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:

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: 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?: | 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:

Oscar Venegas was found unresponsive by jail staff during shift change on 10/14/2024 at approximately 6:06 a.m. with a ligature around his neck. The other end of the ligature was secured to a privacy partition inside the cell, located near the toilet. A code blue was called by jail staff, who then placed Venegas on the ground and began CPR after removing the ligature. CPR and life saving procedures were continued by jail staff and Vital Core personnel (jail medical vendor) until EMS arrived on scene. Life saving measures were continued by EMS as they transported Venegas to the University of Texas Medical Branch hospital. Venegas was pronounced deceased at 6:47 a.m. on this same date.