KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

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|---|---|---|---|
| CDR Number: | 25-1020-CJ | Version Type: | AMENDED |
| Report Date: | 12/16/2025 1:55 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: | Angelina Castillo | Reporter Email: | angelina.castillo@bexar.org |

## Decedent Information

### Identity of Deceased

First Name: Zaimon

Middle Name:

Last Name: Jasmine

Suffix:

Date of Birth: 8/14/1990 Sex: Female

Race: Anglo or White

Age At Time Of Death: 35

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

Date/Time of Custody or Incident: 12/6/2025 9:45 AM

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

Death Date and Time: 12/7/2025 8:59 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: Accidental

## Medical Cause of Death:

Medical Cause of Death:

Methamphetamine Toxicity

other significant conditions: Hypertensive and 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?: Decedent

## 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?: 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?

Means of Death: Drug overdose

# Location / Custody Information

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

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|---|---|---|---|
| Street Address: | 1211 W. Travis | City: | San Antonio |
| County: | Bexar | Zip: | 78207 |

### 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: | 12/6/2025 9:45 AM |

### Where did the death occur?

| | |
|---|---|
| Death Location: | Law enforcement facility/booking center |

## 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:

Criminal Trespass

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:

## 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): Yes

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

Resist being handcuffed or

| | | | |
|---|---|---|---|
| standoff?: | No | 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 Sunday, December 7, 2025, a Code 1 Blue was initiated in Unit 2 Bravo at 0838 hours for Inmate Jasmine Zaimon #986681. Unit Deputy found Inmate Zaimon unresponsive on her bunk after attempting to wake her for detox medication. Medical staff, and SERT personnel responded. Life-saving measures were initiated. SAFD arrived at 0854 hours and took over life saving measures from UH medical staff.

Inmate was pronounced deceased at approximately 0859 hours.