KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-366-CJ	Version Type:	ORIGINAL VERSION
Report Date:	5/13/2025 1:09 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Wilson County Sheriff's Dept.	Agency Address:	800 Tenth St.
Agency City:	Floresville	Agency State:	TX
Agency Zip:	78114		

Director Information

Director Salutation:	Sheriff	Director First Name:	Jim
Director Middle Name:			
Director Last Name:	Stewart		
Reporter Name:	Amanda Peña	Reporter Email:	apena@wilsoncountytx.gov

Decedent Information

Identity of Deceased

First Name: Irene

Middle Name: Guzme

Last Name: Molleda

Suffix:

Date of Birth: 7/14/1950

Sex: Female

Race: Anglo or White

Age At Time Of Death: 74

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

Date/Time of Custody or Incident: 2/5/2025 10:45 AM

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

Death Date and Time: 4/21/2025 5:17 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 pending

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

Manner of Death: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Pending

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)

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: 1310 Mccullough
City: San Antonio
County: Bexar
Zip: 78212

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

Location Category: Other, specify

Other Location Category:

Methodist Hospital San Antonio Texas

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:

N/A

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?: 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:

OUT OF STATE WARRANT NEW YORK

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: Other, specify

Type of Offense, Other:

OUT OF STATE FRAUD

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:

On Friday, April 18, 2025, at approximately 1913 hours, Inmate Irene Guzme fell from her bottom bunk. Responding officers arrived at her housing unit, and EMS was promptly called after inmate Guzme reported pain in her head and arm. Upon arrival, EMS personnel assessed her condition and transported her to Methodist Hospital in San Antonio. Medical evaluation determined that Inmate Guzme had suffered a brain bleed and possible stroke. Guzme, Irene was placed on a ventilator, and medical staff advised that her prognosis was poor. On Monday April, 21, 2025 at approxixmatley 1717 hours, Inmate Irene Guzme was pronounced deceased at Methodist Hospital.