KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-504-CJ	Version Type:	AMENDED
Report Date:	7/2/2025 11:40 AM	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:	gary wigal	Reporter Email:	gary.wigal@bexar.org

Decedent Information

Identity of Deceased

First Name: Ginez

Middle Name: Stephanie

Last Name: Joanna

Suffix:

Date of Birth: 5/27/1989 Sex: Female

Race: Anglo or White

Age At Time Of Death: 36

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

Date/Time of Custody or Incident: 6/22/2025 12:38 AM

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

Death Date and Time: 6/25/2025 6:12 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: Accidental

Medical Cause of Death:

Medical Cause of Death:

Methamphetamine Toxicity

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?: Deceased developed condition after admission

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?

Street Address: 200 N. COMAL City: SAN ANTONIO

County: Bexar Zip: 78252

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: 6/22/2025 12:38 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:

MAN/DEL CS PG1>=4G<200G

Offense 2:

MAN/DEL CS PG1>=4G<200G

Offense 3:

MAN/DEL CS PG1>=1G<4G

Were the Charges:: Filed

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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	Exhibit any medical problems?:	Yes

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 Wednesday June 25, 2025, at approximately 1825 hours, a code 1 blue was initiated in unit 1 Bravo. Upon entering the unit, 1B Deputy Veronica Vargas #5210 was standing at the left side unit gate and identified Inmate Ginez, Joanna #959313 as being unresponsive and not breathing. Inmate Ginez was laying in her bunk (1B18) on her side with her county issued blanket on top of her. SERT Cpl. Martinez removed the blanket from Inmate Ginez. Inmate Ginez was unconscious and was not breathing. SERT Cpl. Martinez and I placed Inmate Ginez on to her back and medical staff requested for the inmate to be assisted on to the floor. Medical staff began life saving measures to Inmate Ginez. SERT Cpl. Martinez gave Inmate Ginez the first dose of Narcan at approximately 1826 hours. Medical staff requested for 911 to be called. Cpl. Brandon Copeland #1279 called 911 at approximately 1828 hour. Medical staff gave Inmate Ginez a second dose of Narcan at approximately 1829 hours. SAFD arrived at unit 1 Bravo at approximately 1843 hours. At approximately 1847 hours, Inmate Ginez was pronounced deceased by Paramedic J. Long #1343.