KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-809-CJ	Version Type:	AMENDED
Report Date:	10/7/2025 2:31 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Nueces County Sheriff's Office	Agency Address:	PO BOX 1940
Agency City:	Corpus Christi	Agency State:	TX
Agency Zip:	78403		

Director Information

Director Salutation:	Sheriff	Director First Name:	John
Director Middle Name:			
Director Last Name:	Hooper		
Reporter Name:	Milton Rivera	Reporter Email:	milton.rivera@nuecescountytx.gov

Decedent Information

Identity of Deceased

First Name: Leticia

Middle Name: Reyna

Last Name: Gonzalez

Suffix:

Date of Birth: 8/24/1971 Sex: Female

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: 9/25/2025 5:45 PM

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

Death Date and Time: 10/5/2025 3:01 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:

Congestive Heart Failure

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:	901 Leopard St Corpus Christi TX 78401	City:	Corpus Christi
County:	Nueces	Zip:	78401

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:
Hospital/Infirmary

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:	9/25/2025 5:45 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:

Possession of a controlled substance PG 1/1-B>4g,200g

Offense 2:

Prohibited substance in a Correctional facility F3

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: 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):	No	Make suicidal statements?:	No
Exhibit any mental health problems?:	Unknown	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 10/05/2025, at approximately 2:08 P.M., the deceased was located at the Nueces County Jail, 901 Leopard St, Corpus Christi, Texas, Unit 6R. The unit Officers saw Inmate Leticia Gonzalez SO#10047157 fall to the ground. Officers assisted her back to her cell and summoned medical to respond. Supervisors, Medical staff, and additional officers arrived in the unit. Inmate Gonzalez was being assessed by Nurse Corey Cullins and Natalia Adams when it was determined that she would need to be transported by EMS to the hospital. Inmate Gonzalez was assisted to a wheelchair, where she was conscious and coherent. While moving Inmate Gonzalez to Intake, she began to decline rapidly. Nurse Adams advised that she needed the AED to assist Inmate Gonzalez. Inmate Gonzalez was placed on the floor in the corridor leading to Intake, with Nurse Balle assisting her with the AED.

The AED was placed on Inmate Gonzalez by Nurse C. Cullins, and chest compressions were started at 2:17 P.M. by Nurse C. Cullins. Nurse C. Balle took over compressions for the 2nd round at 2:20 P.M. EMS 1 arrived at the Jail and began working on Inmate Gonzalez, and was able to stabilize her. EMS intubated Gonzalez. Inmate Gonzalez departed the facility at 1432 with Officer Jacqueline Croyl escorting Gonzalez. Officer Croyl called later from Christus Spohn Shoreline Hospital to notify Sgt. Santellana, that Inmate Gonzalez had been pronounced deceased at 03:01 P.M., due to her medical conditions.

Autopsy ME#25-2770

MD Diane-Ngan H. Trang Concluded on October 7, 2025, at 7:30 A.M.died as a result of cardiomyopathy with heart failure.