KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-904-CJ	Version Type:	AMENDED
Report Date:	11/10/2025 3:07 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: Ismael

Middle Name:

Last Name: Caracheo

Suffix:

Date of Birth: 2/24/1966 Sex: Male

Race: Unknown

Age At Time Of Death: 59

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

Date/Time of Custody or Incident: 5/2/2025 9:45 PM

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

Death Date and Time: 10/3/2025 10:16 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: Homicide (includes Justifiable

Homicide)

Medical Cause of Death:

Medical Cause of Death:

Complications of blunt force head trauma

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?:	Other detainee(s)

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:	Other, specify
Means of Death Other:	blunt force head trauma

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:	5/20/2025 9:45 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:

Failure to Stop and Render Aid – Injury/Death

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:

On August 12, 2025, at approximately 2101 hours, a Code 1 Blue (life threatening emergency) was initiated by unit Deputy, after he observed Inmate Caracheo, Israel #427829 in Unit/Cell BI03 lying on the floor with blood covering his face and appearing unresponsive.

SERT personnel along with floor Sergeant responded immediately to the unit. Medical staff arrived shortly thereafter and assumed care of Inmate Caracheo. Inmate Caracheo was transported to UHER.

On October 03, 2025, inmate Caracheo scummed from his injuries. Inmate Caracheo’s charge was dismissed and was released on September 26, 2025.