KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-972-CJ	Version Type:	ORIGINAL VERSION
Report Date:	12/2/2025 9:57 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Hidalgo County Sheriff's Dept.	Agency Address:	PO BOX 1228
Agency City:	Edinburg	Agency State:	TX
Agency Zip:	78540		

Director Information

Director Salutation:	Sheriff	Director First Name:	Jose
Director Middle Name:	E		
Director Last Name:	Guerra		
Reporter Name:	Ernesto Villarreal	Reporter Email:	ernesto.villarreal@hidalgoso.org

Decedent Information

Identity of Deceased

First Name: Lievan

Middle Name: Lucero

Last Name: Aguirre

Suffix:

Date of Birth: 8/18/1989 Sex: Male

Race: Hispanic or Latino

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: 11/21/2025 12:25 PM

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

Death Date and Time: 12/2/2025 1:17 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 pending

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

Manner of Death: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Unknown

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?:	Could not be determined

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:	Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	701 E. El Cibolo Road	City:	Edinburg
County:	Hidalgo	Zip:	78541

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

Location Category: Other, specify

Other Location Category:

Hospital

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 - single 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: 11/21/2025 12:25 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?: No

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: Other, specify

Type of Offense, Other:

criminal trespass

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):	Unknown	Make suicidal statements?:	Unknown
Exhibit any mental health problems?:	Unknown	Exhibit any medical problems?:	Unknown

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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On 12/02/2025 at 0041hrs Hidalgo County Communications Division received a call from the jail stating inmate LIBAN AGUIRRE 8/18/1989 was placed in restraints and became unresponsive. Correction Officers are conducting CPR at the moment. MedCare EMS just arrived at the jail and transported Mr. Aguirre to Edinburg Regional Hospital were he was later given time of death at 1.17 AM by Justice of the Peace Jason Pena.