KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-439-CJ	Version Type:	AMENDED
Report Date:	6/4/2026 12:43 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: CASANDRA

Middle Name:

Last Name: PEARSON

Suffix:

Date of Birth: 11/6/1996 Sex: Female

Race: Black or African American

Age At Time Of Death: 29

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

Date/Time of Custody or Incident: 3/10/2026 12:44 PM

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

Death Date and Time: 5/17/2026 6:36 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:

Sickle cell disease with profound anemia and hemodynamic shock

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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1211 W. Traivs City: San Antonio

County: Bexar Zip: 78207

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 - 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: 3/10/2026 12:44 AM

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:

Assault of Hospital Personnel on Hospital

Offense 2:

Harassment of Public Servant

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?:	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)		Escape or attempt to	

including law:	No	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 May 17, 2026, A Code 1 Blue was announced at approximately 1616 hours due Inmate Pearson was found in her assigned cell unresponsive. Inmate Pearson is the sole occupant of that cell. Additional medical and uniformed staff arrived and assisted with life saving measures and was able to re-establish a pulse.

At approximately 1626 hours, San Antonio Fire Department arrived at the location and continued with life saving measures and prepared to transport to a nearby hospital. At approximately 1655 hours, SAFD transported Inmate Pearson to Downtown Baptist Hospital.

At approximately 1836 hours, Inmate Pearson was pronounced deceased by Physician Michael Glassinger.

The outside law enforcement agency assigned to the investigation will be Castle Hills Police Department.