KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-489-PF	Version Type:	ORIGINAL VERSION
Report Date:	6/26/2026 9:25 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	GEO Group-Coastal Bend Detention Center	Agency Address:	4909 FM Road 2826
Agency City:	Robstown	Agency State:	TX
Agency Zip:	78380		

Director Information

Director Salutation:	Warden	Director First Name:	George
Director Middle Name:			
Director Last Name:	Head		
Reporter Name:	George Head	Reporter Email:	bhead@geogroup.com

Decedent Information

Identity of Deceased

First Name: Crisobal

Middle Name:

Last Name: Baldovinos

Suffix:

Date of Birth: 10/23/1997 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 28

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

Date/Time of Custody or Incident: 6/18/2026 6:30 PM

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

Death Date and Time: 6/23/2026 2:14 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: Suicide

Medical Cause of Death:

Medical Cause of Death:

Cardiac arrest due to strangulation (Hanging)

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?:	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?:	Not Applicable; cause of death was accidental injury, intoxication, suicide or homicide

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

Means of Death:	Hanging, strangulation

Location / Custody Information

Where did the event causing the death occur?

Street Address:	4909 FM Road 2826	City:	Robstown
County:	Nueces	Zip:	78380

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:	Private Facility

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:	6/18/2026 6:30 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:

Federal Straw Purchase (Firearms)

Offense 2:

Federal Narcotics Possession

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?: 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:

During Correctional Officers rounds in housing unit detainee Baldovinos,Crisobal USMS#72447512 was found hanging utilizing a bed sheet tied around his neck attached to upper bed rail on bunk bed in a two man cell. ICS was called and additional staff arrived and untied detainee and placed on the floor. Officers immediatley started CPR. On site medical staff arrived wihtin 4 minutes and continued life saving measures until ambulance arrived and took over and transported to Corpus Christi Medical Center Northwest Emergency Room where detainee was pronounced deceased at 2:14am by ER Dr. Shawn Carson. This was a US Marshal Service Federal Detainee. Nueces County Sheriffs Department is conducting the Cusdodial Death Investigation per request of the USMS and GEO Group Inc..