KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-681-CJ	Version Type:	ORIGINAL VERSION
Report Date:	8/28/2026 10:36 AM	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: ISABELLA

Middle Name: MARIE

Last Name: SALINAS

Suffix:

Date of Birth: 11/16/2006 Sex: Female

Race: Hispanic or Latino

Age At Time Of Death: 19

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

Date/Time of Custody or Incident: 8/24/2026 5:54 AM

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

Death Date and Time: 8/25/2026 1:25 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 pending

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

Manner of Death: Alcohol/Drug Intoxication

Medical Cause of Death:

Medical Cause of Death:

Deceased 19 y/o was arrested for Driving Under the Influence by DPS Trooper Raul Garza for alcohol impairment of .15 BAC on 8/24/2026 at 0324 am. Medical indicated she was positive for cocaine also. She became unresponsive during booking and was transported to Christus Spohn Hospital while EMS provided life-saving measures. Hospital declared she had no signs of brain activity and placed her on life support. Family opted for DNR. She was taken off life support, and the time of death was declared on 8/25/26 at 1:25 PM. Autopsy Pending to rule on the cause of death.

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?:	Unknown whether decedent sustained a fatal injury

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?:	Unknown

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:	600 Elizabeth Street	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:	8/24/2026 5:54 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:

DWI BAC >.15

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: 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): Yes

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:

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