KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number:	PA16361CJ	Report Date:	8/12/2016 5:17 PM
Status:	Submitted		

Agency/Facility Information

Department ID:	65	Department Type:	SHERIFF
Agency Name:	Bexar County Sheriff's Dept.	Agency Number:	TX0150000
Agency Phone:	2103356010	Agency Address:	200 N. Comal
Agency City:	San Antonio	Agency County:	Bexar
Agency State:	TX	Agency Zip:	78207

Director Information

Director Salutation:

Sheriff

Director First Name:

Susan

Director Middle Name:

Director Last Name:

Pamerleau

Reporter Name:	De Los Santos, Rose	Reporter Email:	rose.delossantos@bexar.org

Location / Custody Information

Where did the event causing the death occur?

Street Address: 200 N. Comal

City: San Antonio

County: Bexar

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

Custody Type Facility:

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: 4/9/2016 1:58 AM

Where did the death occur?

Death Location: At medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Jesus

Middle Name: Jose

Last Name: Lopez

Suffix:

Date of Birth: 12/20/1997

Sex: Male

Ethnicity: Hispanic

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

Death Date and Time: 7/15/2016 6:23 PM

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

Date/Time of Custody or Incident:

4/8/2016 5:00 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:

Suicide

Manner of Death Description:

Death Reason:

Not applicable

Medical Cause of Death:

Medical Cause of Death:

Asphyxia by hanging

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment:

Not Applicable

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?:

Not applicable; cause of death was suicide, intoxication or illness/natural causes

Death Causer Other:

If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

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

General Information

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:

Capital Murder - Other

Offense 2:

Possession Marijuana 0-2 oz

Offense 3:

Unlawful Carry -Weapon - MV

Were the Charges::

Filed

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by NA

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or drugs):	No	Exhibit any mental health problems?:	
Exhibit any medical problems?:			

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Threaten the officer(s) involved:	No	Resist being handcuffed or arrested?:	No
Try to escape/flee from custody:	No	Grab, hit or fight with the officer(s):	No

Other Behavior:

Specify Other Behavior:

Use weapon threaten/assault officer(s):	0

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 07/14/2016 at approximately 0823 hours, Unit Officer observed Inmate Lopez hanging inside his assigned cell. CPR was started by the Officer until medical staff arrived in the unit. SAFD/EMS arrived onto the scene at approximately 0835 hours. Inmate Lopez was transported to University Hospital Emergency Room. On 07/15/2016, MDS Stephanie Levine officially called Inmate Lopez's time of death 1823 hours, due test results reflecting the Inmate had no brain activity. Autopsy results are pending.