CUSTODIAL DEATH REPORT

Agency Information

<table>
<thead>
<tr>
<th>CDR Number:</th>
<th>22-1062-P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Date:</td>
<td>1/4/2023 6:29 AM</td>
</tr>
<tr>
<td>Version Type:</td>
<td>AMENDED</td>
</tr>
<tr>
<td>Status:</td>
<td>Submitted</td>
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Agency/Facility Information

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>TDCJ/Office of the Inspector General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency City:</td>
<td>Huntsville</td>
</tr>
<tr>
<td>Agency Zip:</td>
<td>77320</td>
</tr>
<tr>
<td>Agency Address:</td>
<td>1012 Veterans Memorial Parkway</td>
</tr>
<tr>
<td>Agency State:</td>
<td>TX</td>
</tr>
</tbody>
</table>

Director Information

<table>
<thead>
<tr>
<th>Director Salutation:</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director First Name:</td>
<td>Cris</td>
</tr>
<tr>
<td>Director Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Director Last Name:</td>
<td>Love</td>
</tr>
<tr>
<td>Reporter Name:</td>
<td>Ashley Gutierrez</td>
</tr>
<tr>
<td>Reporter Email:</td>
<td><a href="mailto:oig_custodial_death_reports@tdcj.texas.gov">oig_custodial_death_reports@tdcj.texas.gov</a></td>
</tr>
</tbody>
</table>

Decedent Information
Identity of Deceased

First Name: James

Middle Name:

Last Name: Salazar

Suffix:

Date of Birth: 4/19/1980

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 42

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

Date/Time of Custody or Incident: 7/24/2003 12:00 AM

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

Death Date and Time: 7/27/2022 7:39 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 are available

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

Manner of Death: Suicide
Medical Cause of Death:

Asphyxia due to smoke inhalation

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?: Decedent

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: 9601 Spur 591
County: Potter
City: Amarillo
Zip: 79107

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: Penitentiary

Specific type of custody/facility:

Specific Type of Custody/Facility: TDCJ, specify

TDCJ - Specify Unit: William P. Clements

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: 8/9/2007 12:00 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?: 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: Possession with intent to deliver controlled substance

Offense 2:

Offense 3: Agg Robbery

Were the Charges:: Convicted

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

Type of Offense: Violent Crime Against Persons; 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: Unknown

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

Attempt to Injure Others?: Unknown

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:
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 July 27, 2022, a correctional officer noticed smoke coming from inside the decedent's single-man cell. The decedent was unresponsive. He was given medical care, but pronounced deceased at 0739 hours.