



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 25-621-CJ

Version Type: AMENDED

Report Date: 8/11/2025 5:16 PM

Status: Submitted

Agency/Facility Information

Agency Name: El Paso County
Sheriff's Office

Agency Address: 3850 Justice Road

Agency City: El Paso

Agency State: TX

Agency Zip: 79938

Director Information

Director Salutation: Sheriff

Director First Name: Oscar

Director Middle Name:

Director Last Name: Ugarte

Reporter Name: Samuel
Magallanes

Reporter Email: smagallanes@epcounty.com

Decedent Information

Identity of Deceased

First Name: Matthew

Middle Name: Jacob

Last Name: Cintron

Suffix:

Date of Birth: 12/29/1990

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 34

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

Date/Time of Custody or
Incident: 8/10/2025 6:09 AM

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

Death Date and Time: 8/11/2025 2:45 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

Medical Cause of Death:

Medical Cause of Death:

Hanging

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?: 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: 601 E. Overland Ave

City: El Paso

County: El Paso

Zip: 79901

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 - holding 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: 8/10/2025 1:34 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 Causes Bodily Injury/ Family Violence

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: 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?: 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:

El Paso County Sheriff's Office Case# 202510479

Date of Incident:
08-10-2025 @ 0609 Hours

Location:
601 E. Overland Ave, El Paso County Texas 79901

Name of Inmate: Cintron, Matthew Jacob DOB 12-29-1990
In Custody for Assault Causes Bodily Injury/ Family Violence under warrant JMAG25-08661

Investigator:
Detective Angel Cordero #5423
(915) 996-6061
Texas Ranger Gustavo Sanchez
915-471-3273

Details:
On 08-10-2025 at approximately 0134 hours, Inmate Matthew Jacob Cintron was arrested for Assault Causes Bodily Injury/ Family Violence by El Paso Police Department under warrant JMAG25-08661.

Inmate Cintron was placed in Cellblock 1020 dayroom pending to be released from the El Paso County Detention Facility. At approximately 0609 hours, Detention Officers were conducting a physical check of the floor. During physical check, officers entered cellblock 1020 vestibule area and observed Inmate Cintron was in a seated position, against the left wall of the cellblock with a lace wrapped around his neck. A medical emergency was immediately reported and appropriate protocols were activated.

Detention Officers initiated and performed CPR while the El Paso Fire Department was notified and responded. Inmate Cintron was subsequently transported to University Medical Center of El Paso, located at 4815 Alameda Ave, El Paso, TX 79905, by El Paso Fire Department.

On 08-11-25 at 1445 hours, Inmate Cintron was pronounced deceased by Physician Leo Mercer, medical examiner investigator was notified.
An investigation is currently ongoing, and at this time, no foul play is suspected.