



# KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

## CUSTODIAL DEATH REPORT

### Agency Information

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CDR Number: 25-735-P

Version Type: AMENDED

Report Date: 9/16/2025 11:43  
AM

Status: Submitted

### Agency/Facility Information

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Agency Name: TDCJ/Office of the  
Inspector General

Agency Address: 1012 Veterans  
Memorial Parkway

Agency City: Huntsville

Agency State: TX

Agency Zip: 77320

### Director Information

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Director Salutation: Director

Director First Name: Lance

Director Middle Name:

Director Last Name: Coleman

Reporter Name: Margaret  
Montgomery

Reporter Email: margaret.montgomery@tdcj.texas.gov

### Decedent Information

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## Identity of Deceased

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First Name: Issac

Middle Name: Jediah

Last Name: Acosta

Suffix:

Date of Birth: 9/26/2004

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 20

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

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Date/Time of Custody or Incident: 3/25/2024 12:00 AM

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

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Death Date and Time: 9/15/2025 1:24 AM

## Manner / Cause of Death

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Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

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Medical Examiner/Coroner Evaluation?: Yes, results are available

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

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Manner of Death: Homicide (includes Justifiable

Homicide)

Medical Cause of Death:

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Medical Cause of Death:

Penetrating injuries

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

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Medical Treatment: Not Applicable

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

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Who caused the death?: Other detainee(s)

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

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Type of weapon that caused death?: Knife/edged instrument

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

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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?

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Means of Death: Knife / edged instrument

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 3899 State Hwy 98

City: New Boston

County: Bowie

Zip: 75570

What location category best describes where the event causing the death occurred?

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Location Category: Law Enforcement  
Facility

What type of custody/facility was the Decedent in at the time of death:

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Type of Custody: Penitentiary

Specific type of custody/facility:

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Specific Type of Custody/Facility:

TDCJ, specify

TDCJ - Specify Unit:

Telford Unit

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):

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Entry Date Time: 3/25/2024 12:00  
AM

Where did the death occur?

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Death Location: Law enforcement  
facility/booking  
center

# General Information

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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:

Aggravated Assault with Deadly Weapon

Offense 2:

Offense 3:

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

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:

Barricade self or initiate standoff?: Unknown

Resist being handcuffed or arrested?: Unknown

Physically attempt/assault officer(s): Unknown

Gain possession of officer's weapon: Unknown

Verbally threaten other(s) including law: Unknown

Escape or attempt to escape/flee custody: Unknown

Attempt gain possession officer's weapon: Unknown

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

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Summary of How the Death Occurred: (max. 30,000 characters)

Summary:

On September 15, 2025, the decedent was found unresponsive inside the TDCJ Telford Unit. The decedent was taken to the Unit Emergency Room where life saving measures were attempted. The inmate was pronounced deceased by responding Emergency Medical Services. Multiple puncture wounds were discovered on the body.