KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-141-CJ	Version Type:	AMENDED
Report Date:	2/23/2026 3:14 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Bastrop County Sheriff's Dept.	Agency Address:	200 Jackson Street
Agency City:	Bastrop	Agency State:	TX
Agency Zip:	78602		

Director Information

Director Salutation:	Sheriff	Director First Name:	Maaurice
Director Middle Name:			
Director Last Name:	Cook		
Reporter Name:	Ashley Carter	Reporter Email:	ashley.carter@co.bastrop.tx.us

Decedent Information

Identity of Deceased

First Name: Mark

Middle Name:

Last Name: Zimmerhanzel

Suffix:

Date of Birth: 6/27/1956 Sex: Male

Race: Anglo or White

Age At Time Of Death: 69

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

Date/Time of Custody or Incident: 2/19/2026 3:02 PM

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

Death Date and Time: 2/19/2026 3:41 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: Natural

Medical Cause of Death:

Medical Cause of Death:

CAUSE OF DEATH: Hypertensive and Atherosclerotic Cardiovascular Disease

OTHER CONDITIONS: Chronic Obstructive Pulmonary Disease, Obesity (Class III)

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?: Pre-existing medical condition

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Not applicable, cause of death was illness/natural cause

Location / Custody Information

Where did the event causing the death occur?

Street Address:	200 Jackson Street	City:	Bastrop
County:	Bastrop	Zip:	78659

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:	2/4/2026 9:45 PM

Where did the death occur?

Death Location:	Law enforcement facility/booking center

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:

POSS CS PG 1/1-B>=1G<4G

Offense 2:

DRIVING WHILE INTOXICATED 3RD OR MORE IAT

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?:	Yes

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:

Decedent was booked into the Bastrop County Jail on, 2/4/2026. At the time of the incident, the decedent was housed in the medical department of the jail, due to pre-existing medical conditions and mobility issues. On 2/19/2026, at approximately 1500HRS, the decedent was observed by jail staff lying on the floor. Jail staff immediately entered the housing unit and began to administer lifesaving procedures. Acadian ambulance and Bastrop Fire Department, arrived at the incident location and continued life saving procedures until Acadian's on-call doctor, declared the time of death as, 1541HRS. Texas Rangers were notified and responded to the incident location. An autopsy was ordered by, Bastrop County’s on-call Justice of the Peace and conducted at Hill Country Forensics. The final autopsy report list the manner of death to be natural, due to contributing medical conditions: Hypertensive and Atherosclerotic Cardiovascular Disease and Chronic Obstructive Pulmonary Disease, Obesity (Class III).