KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-209-CJ	Version Type:	ORIGINAL VERSION
Report Date:	3/16/2026 11:57 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Cameron County Sheriff's Dept.	Agency Address:	7300 Old Alice Rd
Agency City:	Olmito	Agency State:	TX
Agency Zip:	78575		

Director Information

Director Salutation:	Sheriff	Director First Name:	Manuel
Director Middle Name:			
Director Last Name:	Trevino		
Reporter Name:	Rodrigo Almanza	Reporter Email:	rodrigo.almanza@co.cameron.tx.us

Decedent Information

Identity of Deceased

First Name: Joel

Middle Name:

Last Name: Izaguirre Uriegas

Suffix:

Date of Birth: 5/9/1977 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 48

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

Date/Time of Custody or Incident: 12/15/2025 1:38 AM

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

Death Date and Time: 3/13/2026 8:48 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 pending

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

Manner of Death: Suicide

Medical Cause of Death:

Medical Cause of Death:

Asphyxia due to hanging

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

Medical Treatment: No

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?: Other Weapon, specify:

Other weapon, specify:

Mattress cover sheet and mattress material

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:	7100 Old Alice Rd	City:	Olmito
County:	Cameron	Zip:	78575

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 - single 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:	12/15/2025 1:38 AM

Where did the death occur?

Death Location:	Scene of incident

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:

Capital Murder

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?: Yes

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:

On Friday, March 13, 2026, at approximately 9:00 a.m., I received a call from Jail Lt. Felipe Olivares regarding an unresponsive inmate. Lt. Olivares notified me that the medical staff was performing cardiopulmonary resuscitation (CPR), a procedure to manually maintain circulation and breathing, and that Emergency Medical Services were en route. I immediately made my way to Carrizales Detention Center from Detention Center 1.

Upon arrival, I was directed to cell Mike 150 (a single cell) where an inmate identified as Joel Izaguirre Uriegas, D.O.B. 05-09-1977 was housed. I immediately learned that the inmate had used the mattress and mattress cover to hang himself. Emergency Medical Services personnel, Raul Hernandez, confirmed that Uriegas had no pulse. I then contacted Texas Ranger Phil Kucia, who arrived at approximately 9:50 a.m.

Ranger Kucia inspected the body, processed the scene by photographing it, and recovered evidence from the cell, which included:

Mattress plastic material used by the inmate, braided or twisted to form a ligature

Mattress cover sheet, also braided or twisted by the inmate to assist in the hanging

A letter written by the inmate

Upon inspecting the scene, it appears that inmate Uriegas used materials from the mattress and mattress cover sheet, braided together, to hang himself.

Justice of the Peace Sorola arrived and ordered a full autopsy for Uriegas.

Funeral home Thomae Lee Garza arrived and took custody of the body. No further actions taken.