KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 20-387-CJ | Version Type: | AMENDED |
| Report Date: | 8/24/2020 4:22 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: | Matthew Plocica | Reporter Email: | matthew.plocica@co.bastrop.tx.us |

## Decedent Information

### Identity of Deceased

First Name: Juan

Middle Name: Carlos

Last Name: Diaz-Ortiz

Suffix:

Date of Birth: 12/24/1980 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 39

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

Date/Time of Custody or Incident: 2/19/2020 12:48 PM

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

Death Date and Time: 4/29/2020 3:06 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:

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: 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:

Decedent used towel for suicide

## 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: | 1601 Mills St | City: | Bastrop |
| County: | Bastrop | Zip: | 78602 |

## 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: | 2/19/2020 12:48 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:

Illegal entry into the United States

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: Other, specify

Type of Offense, Other:

Illegal entry into the United States

## 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:

On April 29, 2020 at around 3:06 AM Officer Jacob Oreilly was doing an inmate roster count for his assigned post namely GUARD 2. Officer Oreilly entered IC4 cells which are labeled A-H. When he came upon cell C, he observed decedent hanging from a brass handle located on a wall near his bunk. Officer Oreilly called for a code red and other Officer's responded and cut decedent down. Officers conducted CPR and EMS responded in attempt to resuscitate but was pronounced dead. I was called to the scene and physically and visually examined body. I observed ligature marks around neck along with a white towel that was used in the hanging.