



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 21-1345-CJ

Version Type: ORIGINAL
VERSION

Report Date: 10/11/2021 1:37
PM

Status: Submitted

Agency/Facility Information

Agency Name: Tarrant County
Sheriff's Dept.

Agency Address: 200 Taylor St.,
Plaza Bldg. 7th
Floor

Agency City: Fort Worth

Agency State: TX

Agency Zip: 76196

Director Information

Director Salutation: Sheriff

Director First Name: Bill

Director Middle Name:

Director Last Name: Waybourn

Reporter Name: Clifton Shelton

Reporter Email: cjshelton@tarrantcounty.com

Decedent Information

Identity of Deceased

First Name: Ismael

Middle Name:

Last Name: Martinez

Suffix:

Date of Birth: 2/17/1978

Sex: Male

Race: Anglo or White

Age At Time Of Death: 43

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

Date/Time of Custody or
Incident: 8/2/2021 11:30 AM

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

Death Date and Time: 10/1/2021 10:25
PM

Manner / Cause of Death

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

Medical Examiner/Coroner
Evaluation?: No, evaluation not
planned

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

COVID-19, Hyper-Kalemia

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?: Could not be determined

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: 100 N. Lamar St.

City: Fort Worth

County: Tarrant

Zip: 76196

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: 8/2/2021 11:30 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?: 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:

Hold for TDCJ on Dallas County conviction

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: Other, specify

Type of Offense, Other:

Unknown, TDCJ Hold

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?: 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: Yes, mark which restraint devices were used

Type of restraint

Type of Restraint: Leg Shackles

Summary of Incident

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

Summary:

Notification of the custodial death of Ismael Martinez (W/M, DOB 02/17/1978, TCSO-CID #0744776, TX-DL# 10283709, SS# 458-51-2645) on October 1, 2021 at 10:25 pm. Martinez entered the Tarrant County Jail on August 2, 2021 at 11:30 am for a hold entered by Texas Department of Criminal Justice from a Dallas County conviction. Martinez was transferred to John Peter Smith Hospital (JPSH) on August 27, 2021 at 4:11 pm for COVID-19 and Hyper-Kalemia. Martinez remained at the hospital until he was pronounced deceased by Dr. Joshua Blackwell on October 1, 2021 at 10:25 pm. Texas Rangers Travis Dendy and BJ Hill were notified and are investigating. TCSO Detective M. Weber is assigned to the investigation to assist from the internal side, TCSO #2021-12183.