



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.