



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 24-43-PF

Version Type: AMENDED

Report Date: 1/18/2024 2:19 PM

Status: Submitted

Agency/Facility Information

Agency Name: Liberty County
Sheriff's Ofc.

Agency Address: 2400 Beaumont
Ave.

Agency City: Liberty

Agency State: TX

Agency Zip: 77575

Director Information

Director Salutation: Sheriff

Director First Name: Bobby

Director Middle Name: J

Director Last Name: Rader

Reporter Name: William Knox

Reporter Email: billy.knox@co.liberty.tx.us

Decedent Information

Identity of Deceased

First Name: Jose

Middle Name: Reyes

Last Name: Cabrera

Suffix:

Date of Birth: 1/4/1964

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 60

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

Date/Time of Custody or
Incident: 11/4/2023 9:06 PM

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

Death Date and Time: 1/8/2024 5:00 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:

Complications of alcoholic cirrhosis

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: 1101 Bates Ave

City: Houston

County: Harris

Zip: 77030

What location category best describes where the event causing the death occurred?

Location Category: Other, specify

Other Location Category:

Hospital

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Private Facility

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: 11/29/2023 2:00
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?: 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:

Sexual Assault of a Child

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: Crimes Against
Child(ren)

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?: Unknown

At any time during the incident and/or entry into the law enforcement facility, did the decedent:

Appear intoxicated (alcohol or
drugs): Unknown

Make suicidal statements?: Unknown

Exhibit any mental health
problems?: Unknown

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):	Unknown	Gain possession of officer's weapon:	Unknown
Verbally threaten other(s) including law:	Unknown	Escape or attempt to escape/flee custody:	Unknown
Attempt gain possession officer's weapon:	Unknown		

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:

Inmate Cabrera, Jose was arrested on 11/04/23. Inmate Cabrera, Jose was booked in 11/04/23 for Indecency w/ a Child Exposes. On 11/29/23 inmate Cabrera was sent to the ER by Turnkey Medical. Inmate Cabrera was admitted to Baylor St. Lukes Medical Center for liver failure/rejection. Inmate Cabrera has been under the care of Baylor St Luke Hospital since 11/29/23, in the custody of Liberty County. On 12/28/23, medical staff at Baylor St Lukes Hospital imitated the process to release inmate Cabrera to Hospice care. Inmate Cabrera passed away on 01/08/24 at 1700, while in the care of Baylor St Lukes Hospital.