KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-327-CJ	Version Type:	AMENDED
Report Date:	4/23/2026 6:21 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Fannin County Sheriff's Dept.	Agency Address:	2375 Silo Rd
Agency City:	Bonham	Agency State:	TX
Agency Zip:	75418		

Director Information

Director Salutation:	Sheriff	Director First Name:	Cody
Director Middle Name:			
Director Last Name:	Shook		
Reporter Name:	Cody Shook	Reporter Email:	cshook@fanninco.net

Decedent Information

Identity of Deceased

First Name: Camerino

Middle Name: Rodriguez

Last Name: Escobar

Suffix:

Date of Birth: 9/14/1963 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 62

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

Date/Time of Custody or Incident: 3/26/2026 1:10 PM

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

Death Date and Time: 4/23/2026 1:54 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:

Escobar was hospitalized with a series of cardiac conditions.

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: 5016 US 75 N

City: Denison

County: Grayson

Zip: 75020

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

Location Category: Other, specify

Other Location Category:

Hospital-Texoma Medical Center-Denison

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: 4/4/2026 12:00 PM

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:

Federal charge for distribution of cocaine.

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: Alcohol / drug offense

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

Resist being handcuffed or

standoff?:	N/A	arrested?:	N/A
Physically attempt/assault officer(s):	N/A	Gain possession of officer's weapon:	N/A
Verbally threaten other(s) including law:	N/A	Escape or attempt to escape/flee custody:	N/A
Attempt gain possession officer's weapon:	N/A		

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:

Inmate was hospitalized on 04/04/2026 for shortness of breath. Reports indicated his Oxygen Saturation levels were in the 70% range and he was having difficulty breathing. He was admitted to Texoma Medical Center-Denison and diagnosed with Congestive Heart Failure, Hypertension, Coronary Artery Disease and possibly liver failure. His condition deteriorated over the course of his hospital stay. He remained under medical care at the hospital from 04/04/2026 until his passing on 04/23/2026. He was on life support for several days and the doctor along with the family of the inmate determined to remove life support. Escobar was sent for autopsy. Results pending.

Inmate was a US Marshals Service inmate housed at Fannin County under contract.