



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

PA Number: PA16210CJ

Report Date: 5/23/2016 8:58 AM

Status: Submitted

Agency/Facility Information

Department ID: 50

Department Type: SHERIFF

Agency Name: Bee County
Sheriff's Dept.

Agency Number: TX0130000

Agency Phone: 3613623221

Agency Address: 1511 E. Toledo

Agency City: Beeville

Agency County: Bee

Agency State: TX

Agency Zip: 78102

Director Information

Director Salutation:

Sheriff

Director First Name:

Alden

Director Middle Name:

Director Last Name:

Southmayd

Reporter Name: Michael Page

Reporter Email: michael.page@co.bee.tx.us

Location / Custody Information

Where did the event causing the death occur?

Street Address: 1511 E Toledo

City: Beeville

County: Bee

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 - multiple occupancy cell

Custody Type Facility:

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: 4/7/2016 6:19 PM

Where did the death occur?

Death Location: At medical facility

Death Location Elsewhere:

Decedent Information

Identity of Deceased

First Name: Daniel

Middle Name: Romy

Last Name: DeLeon

Suffix: III

Date of Birth: 1/28/1982

Sex: Male

Ethnicity: Hispanic

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

Death Date and Time: 5/7/2016 5:24 AM

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

Date/Time of Custody or Incident:

4/7/2016 6:18 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 pending

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

Manner of Death:

Other

Manner of Death Description:

Waiting Medical Examiners Report

Death Reason:

Not applicable

Medical Cause of Death:

Medical Cause of Death:

Waiting Medical Examiners Report

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?:

Not applicable; cause of death was suicide, intoxication or illness/natural causes

Death Causer Other:

If a weapon caused the death, what type of weapon caused the death? (mark all that apply)

Type of Death Weapon:

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?:

Don't know

If death was an accident, homicide or suicide, what was the means of death?

Means of Death:

Not applicable; cause of death was intoxication or illness/natural causes

General Information

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:

Theft Prop. \$100 - \$750

Offense 2:

Proh. Substance / Item in Corr. Facility

Offense 3:

Were the Charges::

Filed

What were the types of charges or reason for contact?

Type of Offense:

Injuries of Decedent

Injured By: Injured by NA

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

Appear intoxicated (alcohol or drugs): No

Exhibit any mental health problems?:

Exhibit any medical problems?:

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

Threaten the officer(s) involved: No

Resist being handcuffed or arrested?: No

Try to escape/flee from custody: No

Grab, hit or fight with the officer(s): No

Other Behavior:



Specify Other Behavior:

Use weapon threaten/assault officer(s): 0

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 05/07/2016, at about 0524hrs, an inmate, identified as Daniel Romy DeLeon III, date of birth 01-28-1982 at the Bee County Sheriffs Office, passed away.

Staff was notified at about 0400hrs of an inmate having a medical emergency in the cell block. Upon arrival at the cell block, jail staff noticed several inmates around DeLeon, with one of the inmates performing chest compressions on DeLeon. One Officer relieved the inmate that was performing the chest compressions. and

continued until EMS arrived.

DeLeon was transported to Beeville Spohn Hospital and was pronounced deceased at 0524hrs by the doctor at the hospital.

DeLeon was transported to the Medical Examiners office in Corpus Christi, Texas where an autopsy will be performed.

The investigation of this in custody death is being performed by Randy Aguirre of the Texas Rangers.