



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 20-607-P

Version Type: ORIGINAL  
VERSION

Report Date: 7/8/2020 2:45 AM

Status: Submitted

## Agency/Facility Information

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Agency Name: TDCJ/Office of the  
Inspector General

Agency Address: 1012 Veterans  
Memorial Parkway

Agency City: Huntsville

Agency State: TX

Agency Zip: 77320

## Director Information

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Director Salutation: Director

Director First Name: Cris

Director Middle Name:

Director Last Name: Love

Reporter Name: Patricia "Tricia"  
Diaz

Reporter Email: patricia.diaz@tdcj.texas.gov

## Decedent Information

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## Identity of Deceased

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First Name: Silvino

Middle Name:

Last Name: Nunez

Suffix:

Date of Birth: 9/8/1993

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 26

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

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Date/Time of Custody or Incident: 5/13/2016 12:00 AM

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

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Death Date and Time: 4/13/2020 11:00 AM

## Manner / Cause of Death

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

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Medical Examiner/Coroner Evaluation?: Yes, results pending

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

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Homicide (includes

Manner of Death: Justifiable  
Homicide)

Medical Cause of Death:

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Medical Cause of Death:

Pending autopsy

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

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Medical Treatment: No

If death was an accident, homicide or suicide, who caused the death?

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Who caused the death?: Other detainee(s)

If a weapon caused the death, what type of weapon caused the death? (Hold CTRL to select all that apply)

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Type of weapon that caused death?: Other Weapon, specify:

Other weapon, specify:

Suspect's hands and feet

Was the cause of death the result of a pre-existing medical condition or did the decedent develop the condition after admission?

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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?

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Means of Death: Other, specify

Means of Death Other: Pending autopsy

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 9601 Spur 591

City: Amarillo

County: Potter

Zip: 79107

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

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Location Category: Law Enforcement  
Facility

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

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Type of Custody: Penitentiary

Specific type of custody/facility:

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Specific Type of Custody/Facility:

TDCJ, specify

TDCJ - Specify Unit:

William P. Clements

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):

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Entry Date Time: 11/2/2016 12:00  
AM

Where did the death occur?

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Law enforcement

Death Location: facility/booking center

## General Information

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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:

Aggravated assault family member

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: Violent Crime  
Against Persons

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: Unknown

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?: Unknown

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

Barricade self or initiate standoff?: Unknown

Resist being handcuffed or arrested?: Unknown

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: No

## Summary of Incident

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

Summary:

On April 13, 2020, at around 10:55 PM Clements Unit Security Staff responded to 3 Building, A-pod, 72 cell when it was reported by the suspect that his cellmate has been dead for three days. The victim had visible injuries that he had been severely assaulted. There was signs of swelling, cuts, bruises, and dry blood on the victim's mouth, head, and facial area. Due to his condition upon discovery, life saving measures were not initiated. The body showed signs that were consistent with being lifeless for multiple days. 72 cell is a designated two offender cell. The victim and suspect are the only persons assigned to that cell.