



# KEN PAXTON

## ATTORNEY GENERAL *of* TEXAS

### CUSTODIAL DEATH REPORT

## Agency Information

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CDR Number: 20-1814-P

Version Type: ORIGINAL  
VERSION

Report Date: 12/11/2020 9:13  
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: Ashley  
Gutierrez

Reporter Email: [oig\\_custodial\\_death\\_reports@tdcj.texas.gov](mailto:oig_custodial_death_reports@tdcj.texas.gov)

## Decedent Information

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## Identity of Deceased

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First Name: Jose

Middle Name: Faide

Last Name: Morones

Suffix:

Date of Birth: 10/19/1949

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 70

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

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Date/Time of Custody or 4/13/1993 12:00  
Incident: AM

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

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Death Date and Time: 6/29/2020 1:08 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 No, evaluation not  
Evaluation?: planned

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

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Manner of Death: Natural

## Medical Cause of Death:

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Medical Cause of Death:

Acute hypoxic respiratory failure/COVID 19 pneumonia

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: Not Applicable

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

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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)

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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?

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Pre existing medical condition?: Could not be determined

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

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Means of Death: Not applicable, cause of death was illness/natural cause

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 809 Harborside  
Drive

City: Galveston

County: Galveston

Zip: 77555

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:

Hospital Galveston

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: 4/13/1993 12:00  
AM

Where did the death occur?

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Death Location: Medical facility

## 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:

Unauthorized use of a motor vehicle

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: Crime Against  
Property

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:

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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?

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Under Restraint: No

## Summary of Incident

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

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Summary:

On 6/22/2020, Offender Morones was admitted from his unit of assignment to the hospital due to his medical condition. Offender Morones remained in the prison hospital and his condition declined. On 6/29/2020, at 0108, Offender Morones was pronounced deceased by medical staff.