



# KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

## CUSTODIAL DEATH REPORT

### Agency Information

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CDR Number: 23-1087-P

Version Type: AMENDED

Report Date: 12/20/2023 3:22  
PM

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: Patrick

Middle Name: Neil

Last Name: Womack

Suffix:

Date of Birth: 8/2/1973

Sex: Male

Race: Anglo or White

Age At Time Of Death: 50

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

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Date/Time of Custody or Incident: 4/10/1992 12:00 AM

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

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Death Date and Time: 8/22/2023 1:53 PM

## 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 are available

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

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Manner of Death: Accidental

Medical Cause of Death:

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Medical Cause of Death:

Hyperthermia due to serotonin syndrome from sertraline toxicity. Environmental heat is a possible contributory factor.

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?: Unknown whether decedent sustained a fatal injury

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?: Unknown

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: Unknown

## Location / Custody Information

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Where did the event causing the death occur?

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Street Address: 2661 FM 2054

City: Tennessee Colony

County: Anderson

Zip: 75884

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:

Coffield

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: 4/10/1992 12:00  
AM

Where did the death occur?

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Death Location: Law enforcement  
facility/booking  
center

## General Information

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Did any other law enforcement agencies respond to calls for service related to this incident?

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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?

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Offense 1:

Murder

Offense 2:

Escape

Offense 3:

Burglary of habitation

Were the Charges:: Convicted

What were the types of charges or reason for contact? (Hold CTRL to select all that apply)

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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?

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Decedent display/use of  
weapons: No

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

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Attempt to Injure Others?: No

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

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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?:	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?

Under Restraint: No

## Summary of Incident

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

Summary:

On 8/21/2023, inmate Womack was discovered unresponsive. Life saving measures were initiated and the inmate was pronounced deceased by medical staff.