KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1449-UF	Version Type:	ORIGINAL VERSION
Report Date:	11/6/2023 10:08 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Childress Police Dept.	Agency Address:	PO BOX 1087
Agency City:	Childress	Agency State:	TX
Agency Zip:	79201		

Director Information

Director Salutation:	Chief	Director First Name:	SHADE
Director Middle Name:			
Director Last Name:	MILLER		
Reporter Name:	William Bridgwater	Reporter Email:	w.bridgwater@childresstexas.net

Decedent Information

Identity of Deceased

First Name: MATTHEW

Middle Name: LEE

Last Name: THOMAS

Suffix:

Date of Birth: 1/22/1989 Sex: Male

Race: Anglo or White

Age At Time Of Death: 34

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

Date/Time of Custody or Incident: 10/3/2023 2:32 PM

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

Death Date and Time: 10/3/2023 2:32 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: Suicide

Medical Cause of Death:

Medical Cause of Death:

GUN SHOT TO HEAD

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?: Decedent

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?: Handgun

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?: 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?

Means of Death: Firearm

Location / Custody Information

Where did the event causing the death occur?

Street Address:	COUNTY RD 24 JUST NORTH OF CR O	City:	CHILDRESS
County:	Childress	Zip:	79201

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

Location Category: Roadway/highway/street/sidewalk

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

Type of Custody: Pre-Custodial Use of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel during/fleeing arrest

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: 10/3/2023 2:32 PM

Where did the death occur?

Death Location: Scene of incident

General Information

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

Other Agencies Respond?: Yes

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:

ATT CAPITAL MURDER

Offense 2:

AGG ASSLT DEADLY WEAPON

Offense 3:

CONVICTED FELON POSS FIREARM / EVADING DETENTION MOTOR VEHICLE

Were the Charges::	Not filed at time of death

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

Type of Offense:	Other, specify

Type of Offense, Other:

ATTEMPTED TRAFFIC STOP FOR DISPLAY FICTICOUS PLATES, POSSIBLE STOLEN VEHICLE

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:	Yes, mark all that apply
Decedent Display or Use Weapon Details:	Discharged firearm; Used vehicle as weapon

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

Attempt to Injure Others?:	Yes (select all that apply)
Ways Decedent Attempted To	Attempted to injure law enforcement

Injure Others:	personnel

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:

Barricade self or initiate standoff?:	Yes	Resist being handcuffed or arrested?:	Yes
Physically attempt/assault officer(s):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	No	Escape or attempt to escape/flee custody:	Yes
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

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

Summary:

CHILDRESS PD WAS ASSISTING ANOTHER AGENCY WITH PURSUIT. DURING PURSUIT THE OTHER AGENCY LOST SIGHT OF SUSPECT VEHICLE. SUSPECT VEHICLE WAS LOCATED BY CHILDRESS PD. SUSPECT VEHICLE INTENTIONALLY RAMMED CHILDRESS PD UNIT AND GUN FIRE WAS EXCHANGED. ACCORDING TO THE PRELIMANARY AUTOPSY, SUSPECT SHOT HIMSELF IN THE HEAD CAUSING HIS DEATH.
FINAL AUTOPSY RESULTS ARE STILL PENDING.