KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-729-CJ	Version Type:	AMENDED
Report Date:	5/23/2024 12:42 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Grayson County Sheriff's Dept.	Agency Address:	200 S. Crockett
Agency City:	Sherman	Agency State:	TX
Agency Zip:	75090		

Director Information

Director Salutation:	Sheriff	Director First Name:	Thomas
Director Middle Name:	E.		
Director Last Name:	Watt		
Reporter Name:	Bradley Richards	Reporter Email:	bradley.richards@co.grayson.tx.us

Decedent Information

Identity of Deceased

First Name: James

Middle Name: Paul

Last Name: Brown

Suffix:

Date of Birth: 3/30/1973 Sex: Male

Race: Anglo or White

Age At Time Of Death: 51

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

Date/Time of Custody or Incident: 4/10/2024 8:35 PM

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

Death Date and Time: 4/25/2024 11:41 AM

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 are available

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

Manner of Death: Natural

Medical Cause of Death:

Medical Cause of Death:

1. On Tuesday, 04-26-2024, an autopsy (#IFS-24-08148) was performed on James Paul Brown at the Dallas County Medical Examiner's Office (Southwestern Institute of Forensic Sciences) in Dallas, Texas. Doctor Emily Ogden, M.D., Medical Examiner, conducted the autopsy, scheduled for 8:00am.
2. At the conclusion of the autopsy, Dr. Ogden indicated there was no significant force trauma found. Dr. Ogden identified evidence of Brown's alcohol consumption but stated that Cause and Manner of Death findings and completed report would remain pending toxicology and histology. A copy of the initial Cause of Death Report, dated 04-26-2024, is attached to this supplement.
3. I later received a completed Cause of Death Report from DCME dated 07-03-2024, indicating the Cause of Death was "Hypertensive and atherosclerotic cerebrovascular disease and Chronic Ethanolism" and the Manner of Death was listed as "Natural". A copy of that report is attached to this supplement.
4. A completed Autopsy Report, dated 07-03-2024, was also received and is attached to this supplement. In the completed autopsy, Dr. Ogden concluded that "Based upon the case history autopsy and findings, it is our opinion that Paul James Brown, a 51- year-old male, died as the result of hypertensive and atherosclerotic cerebrovascular disease. Chronic ethanolism contributed to the cause of death."
5. This investigation remains open pending completed collection of evidence.

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

Medical Treatment: Yes

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

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)

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?

Pre existing medical condition?: Pre-existing medical condition

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

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

Location / Custody Information

Where did the event causing the death occur?

Street Address:	500 North Highland Ave	City:	Sherman
County:	Grayson	Zip:	75092

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

Location Category:	Other, specify

Other Location Category:

Hospital

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:

Hospital/Infirmary

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:	4/10/2024 9:34 PM

Where did the death occur?

Death Location: Medical facility

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:

ASSAULT FAMILY/HOUSEHOLD MEMBER PREV CONV IAT

Offense 2:

Offense 3:

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: 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: Yes, mark all that apply

Decedent Display or Use Used other weapon,

Weapon Details:	specify:

Specify Weapon Used:

Wooden back scratcher

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 Injure Others:	Injured civilian(s) or other inmate(s)

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

Appear intoxicated (alcohol or drugs):	Yes	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?:	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Leg Shackles

Summary of Incident

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

Summary:

On April 10, 2024, James Paul Brown was arrested by Corporal Barton for ASSAULT FAMILY/HOUSEHOLD MEMBER PREV CONV.

On April 25, 2024, James was transported to Sherman Medical Center after detention officers reported he was lethargic, moaning, unable to speak clearly, and had to use hand gestures to communicate. James was under ER supervision from approximately 0558 hours to 1000 hours. At 1000 hours, James was admitted and moved to room 298. At approximately 1113 hours, James was not responsive and hospital staff began CPR. Hospital staff were unable to revive him. Time of death: 1141. Texas Ranger Peacock was notified to assist in the investigation.

As of May 23, 2024, the ME report has not been received. This report will be submitted and later amended upon receipt of ME report.

CDR received on 3/4/2025 from CPT Bigham through Ranger Peacock. Report amended and updated with COD information.