KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-420-UF	Version Type:	AMENDED
Report Date:	6/4/2025 2:21 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Denton County Sheriff's Office.	Agency Address:	127 N. Woodrow Ln. Suite 300
Agency City:	Denton	Agency State:	TX
Agency Zip:	76205		

Director Information

Director Salutation:	Sheriff	Director First Name:	Tracy
Director Middle Name:			
Director Last Name:	Murphree		
Reporter Name:	Ronald Pettigrew	Reporter Email:	ron.pettigrew@dentoncounty.gov

Decedent Information

Identity of Deceased

First Name: Kenneth

Middle Name: Wayne

Last Name: Jones

Suffix:

Date of Birth: 10/27/1966 Sex: Male

Race: Anglo or White

Age At Time Of Death: 58

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

Date/Time of Custody or Incident: 6/3/2025 2:39 PM

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

Death Date and Time: 6/3/2025 2:39 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 are available

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

Manner of Death: Homicide (includes Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

Multiple gunshot wounds

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?: Law enforcement/correctional personnel

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; Rifle/shotgun

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:	10084 Field Lark Lane	City:	Sanger
County:	Denton	Zip:	76266

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

Location Category: Residence/Home

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:

N/A

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:

Entry Date Time N/A: ✓

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?: 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 Against a Public Servant

Offense 2:

Terroristic Threat

Offense 3:

Were the Charges:: Filed

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:

Terroristic Threat

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: Displayed firearm without discharge

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

Injure Others:	law enforcement personnel

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?:	N/A
Exhibit any mental health problems?:	Unknown	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?:	Yes
Physically attempt/assault officer(s):	Yes	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	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:

On 06-02-2025, DCSO Warrant deputies went to the listed address to serve an active warrant for the suspect for terroristic threat. Deputies observed the suspect come out of his residence and walk to his mailbox. At this time contact was made and deputies identified themselves, as they walked from the street towards the residence. The suspect began to retreat to his residence, then stopped and turned to face the officers. The suspect retrieved a handgun from his waistband area and refused to cooperate with the verbal commands given by deputies. As the suspect turned to face the officers, while armed, multiple deputies discharged their weapons at the suspect. The suspect was struck multiple times and collapsed to the ground. Once the suspect’s handgun was secured, deputies began life saving measures and utilized medical equipment to stop the bleed. The suspect succumb to his injuries and expired at the scene.