KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-589-CJ	Version Type:	AMENDED
Report Date:	8/4/2025 3:24 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: Thomas

Middle Name: Preston

Last Name: Johnson

Suffix:

Date of Birth: 8/1/1952 Sex: Male

Race: Anglo or White

Age At Time Of Death: 73

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

Date/Time of Custody or Incident: 9/2/2024 2:04 PM

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

Death Date and Time: 8/3/2025 8:52 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:

Pneumonia

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: 3001 IH-35 City: Denton

County: Denton Zip: 76210

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:

Entry Date Time N/A: ☑

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?: 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:

Terroristic Threat

Offense 2:

UUMV

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: 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: 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?: Yes

Exhibit any mental health problems?: Yes

Exhibit any medical problems?: Yes

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:	Other device, specify
Other device, specify:	Soft restraints per hospital personnel request.

Summary of Incident

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

Summary:

Mr. Johnson died at Presbyterian Hospital at 0852 on August 3rd, 2025. This was not unexpected according to Dr. Khorsand, ICU physician. On 8/1/25, Dr. Khorsand reported that
his condition was terminal. On 8/1/25, the Sheriff's Office authorized the hospital to attempt to reach Mr. Johnson's emergency contact.