## Agency Information

<table>
<thead>
<tr>
<th>CDR Number:</th>
<th>19-302-P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Date:</td>
<td>6/25/2019 10:21 AM</td>
</tr>
<tr>
<td>Version Type:</td>
<td>AMENDED</td>
</tr>
<tr>
<td>Status:</td>
<td>Submitted</td>
</tr>
</tbody>
</table>

## Agency/Facility Information

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>TDCJ/Office of the Inspector General</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency City:</td>
<td>Huntsville</td>
</tr>
<tr>
<td>Agency Zip:</td>
<td>77320</td>
</tr>
<tr>
<td>Agency Address:</td>
<td>1012 Veterans Memorial Parkway</td>
</tr>
<tr>
<td>Agency State:</td>
<td>TX</td>
</tr>
</tbody>
</table>

## Director Information

<table>
<thead>
<tr>
<th>Director Salutation:</th>
<th>Director</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director First Name:</td>
<td>Cris</td>
</tr>
<tr>
<td>Director Middle Name:</td>
<td></td>
</tr>
<tr>
<td>Director Last Name:</td>
<td>Love</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reporter Name:</th>
<th>Analou Sievers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reporter Email:</td>
<td><a href="mailto:analou.sievers@tdcj.texas.gov">analou.sievers@tdcj.texas.gov</a></td>
</tr>
</tbody>
</table>

## Decedent Information
Identity of Deceased

First Name: James
Middle Name: Matthew
Last Name: Patterson
Suffix:

Date of Birth: 12/27/1980
Sex: Male
Race: Anglo or White

Age At Time Of Death: 38

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

Date/Time of Custody or Incident: 2/20/2019 12:00 AM

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

Death Date and Time: 3/25/2019 6:28 PM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examinor/Coroner Evaluation?: Yes, results are available

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

Manner of Death: Suicide
Medical Cause of Death:

Asphyxia due to hanging by the neck

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

Medical Treatment: Unknown

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?: 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?: 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: Hanging, strangulation

Location / Custody Information
Where did the event causing the death occur?

Street Address: 2661 FM 2054
City: Tennessee Colony
County: Anderson
Zip: 75884

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

Location Category: Law Enforcement Facility

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

Type of Custody: Penitentiary

Specific type of custody/facility:

Specific Type of Custody/Facility:

TDCJ, specify

TDCJ - Specify Unit:

Coffield Unit

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: 2/20/2019 12:00 AM

Where did the death occur?

Death Location: Law enforcement facility/booking center

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 with a Deadly Weapon

Offense 2:

Offense 3:

Were the Charges:: Convicted

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?: Unknown

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?: 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?: Unknown
- Physically attempt/assault officer(s): Unknown
- Verbally threaten other(s) including law: Unknown
- Attempt gain possession officer's weapon: Unknown
- Resist being handcuffed or arrested?: Unknown
- Gain possession of officer's weapon: Unknown
- Escape or attempt to escape/flee custody: Unknown

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 March 25, 2019, Offender Patterson was found during a security check hanging by the neck with a white sheet in his cell at the unit. Security staff interceded and began life saving measures. Offender Patterson was taken to the unit's emergency room and EMS was notified. Once EMS arrived, they contacted the medical doctor at the hospital, who ordered the cessation of life saving efforts and Offender Patterson was pronounced deceased.