



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 21-1115-UF

Version Type: AMENDED

Report Date: 4/12/2022 11:16
AM

Status: Submitted

Agency/Facility Information

Agency Name: Texas Department
Of Public Safety

Agency Address: PO BOX 4087

Agency City: Austin

Agency State: TX

Agency Zip: 78773

Director Information

Director Salutation: Director

Director First Name: Steven

Director Middle Name: C

Director Last Name: McCraw

Reporter Name: Joanne
Scarborough

Reporter Email: joanne.scarbrough@dps.texas.gov

Decedent Information

Identity of Deceased

First Name: James

Middle Name: Matalice

Last Name: Smith

Suffix:

Date of Birth: 9/6/1979

Sex: Male

Race: Black or African
American

Age At Time Of Death: 41

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

Date/Time of Custody or
Incident: 8/18/2021 2:40 AM

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

Death Date and Time: 8/18/2021 2:40 AM

Manner / Cause of Death

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

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

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

Homicide (includes

Manner of Death: 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: Not Applicable

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?: 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: 4120 FM 60

City: Somerville

County: Burleson

Zip: 77879

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:

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:

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?: 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:

Attempted Capital Murder of Peace Officer

Offense 2:

Robbery

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed firearm without discharge;
Discharged firearm

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

Yes (select all that

Attempt to Injure Others?: apply)

Ways Decedent Attempted To Injure Others:	Injured law enforcement personnel; Attempted to injure 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?:	Yes
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?:	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:	Unknown
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 the evening of August 17, 2021, the suspect, James Matalice Smith, barricaded himself in a home after shooting a Burleson County Sheriff's Office deputy who was trying to serve a warrant at the home.

Trooper Joshua Strawn was on a special response team that attempted to arrest Smith for committing Attempted Capital Murder of a Peace Officer. After barricading for several hours, the suspect exited the home as if he was about to voluntarily surrender. The suspect then laid himself on the ground. As Trooper Strawn approached to apprehend him, the suspect raised his weapon toward the officers and fired multiple shots. One of the rounds struck Trooper Strawn in the arm. Trooper Strawn returned fire and struck the suspect.

The suspect was treated by Burleson County Emergency Medical Services and was later pronounced dead at the scene.