KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	24-1591-UF	Version Type:	ORIGINAL VERSION
Report Date:	12/4/2024 9:57 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Smith County Sheriff's Office	Agency Address:	227 N. Spring Ave.
Agency City:	Tyler	Agency State:	TX
Agency Zip:	75702		

Director Information

Director Salutation:	Sheriff	Director First Name:	Larry
Director Middle Name:	R		
Director Last Name:	Smith		
Reporter Name:	Robert Strickland	Reporter Email:	rstrickland@smith-county.com

Decedent Information

Identity of Deceased

First Name: Jonathan

Middle Name: Wayne

Last Name: Layton

Suffix:

Date of Birth: 1/21/1984 Sex: Male

Race: Anglo or White

Age At Time Of Death: 40

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

Date/Time of Custody or Incident: 11/5/2024 12:50 PM

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

Death Date and Time: 11/5/2024 1:52 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:

Gunshot Wound

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

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:	13244 County Road 4109	City:	Lindale
County:	Smith	Zip:	75771

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: 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 by Threat of another with serious bodily injury by using/exhibiting a deadly weapon

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 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?: 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?: No

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?:	No
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Yes	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:	No

Summary of Incident

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

Summary:

The decedent was fired from employment. Witnesses stated the decedent made threats to return to the business. When exiting the business, the decedent stated that he has something at home that can handle all this. The threats and demeanor of the decedent were taken as a threat of serious bodily harm/injury and the business manager called 911 and reported this to the Sheriff's Office. A Deputy was dispatched to a threat call at the local business at approximately 12:50pm. Information was given to the deputy regarding the threats made by the decedent and decedent's vehicle description and license plate. The responding deputy and a back-up SO unit arrived at the decedent's residence. The deputies made contact with the decedent at the doorway of the home. The decedent was in possession of a handgun when he met the deputies at the doorway of the home. The responding deputies commanded the decedent to drop his weapon. The decedent refused commands, turning toward the inside of the home blading himself. The deputy observed the decedent's firearm pointing at his direction and fired his pistol striking the decedent.