KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-110-CJ	Version Type:	ORIGINAL VERSION
Report Date:	2/10/2025 11:56 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Hardin County Sheriff's Dept.	Agency Address:	PO BOX 1990
Agency City:	Kountze	Agency State:	TX
Agency Zip:	77625		

Director Information

Director Salutation:	Sheriff	Director First Name:	Mark
Director Middle Name:	L		
Director Last Name:	Davis		
Reporter Name:	Mark Davis	Reporter Email:	mark.davis@co.hardin.tx.us

Decedent Information

Identity of Deceased

First Name: Matthew

Middle Name: Todd

Last Name: Wright

Suffix:

Date of Birth: 11/12/1979 Sex: Male

Race: Anglo or White

Age At Time Of Death: 45

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

Date/Time of Custody or Incident: 1/18/2025 9:50 AM

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

Death Date and Time: 1/25/2025 6:58 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 pending

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

Manner of Death: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

The final autopsy results are pending. The preliminary results list micronodular cirrhosis liver, patchy anthracosis lungs, gastric mucosa lack spots, scarring on kidneys, afocal subgalea hemorrhage.

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?: 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: Unknown

Location / Custody Information

Where did the event causing the death occur?

Street Address:	300 West Monroe	City:	Kountze
County:	Hardin	Zip:	77625

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:	County Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:

Jail - detox cell

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:	1/18/2025 9:50 AM

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:

Aggravated Assault with Deadly Weapon (Family Violence) - Motion to Revoke Probation

Offense 2:

Offense 3:

Were the Charges::	A probation/parole violation

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):	Yes	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	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:	No
Other device, specify:	none

Summary of Incident

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

Summary:

Inmate became unresponsive and was transported to the hospital via ambulance. Life-saving measures were performed while in transit and upon arrival to hospital. Inmate pronounced deceased at hospital. Autopsy performed, with results pending.