KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	25-189-MJ	Version Type:	ORIGINAL VERSION
Report Date:	3/11/2025 1:47 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Irving Police Dept.	Agency Address:	305 N. O'Connor Rd.
Agency City:	Irving	Agency State:	TX
Agency Zip:	75061		

Director Information

Director Salutation:	Chief	Director First Name:	Derick
Director Middle Name:			
Director Last Name:	Miller		
Reporter Name:	Brent Kelley	Reporter Email:	bkelley@cityofirving.org

Decedent Information

Identity of Deceased

First Name: Patrick

Middle Name:

Last Name: Jones

Suffix:

Date of Birth: 7/22/1992 Sex: Male

Race: Anglo or White

Age At Time Of Death: 32

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

Date/Time of Custody or Incident: 3/10/2025 3:13 AM

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

Death Date and Time: 3/11/2025 5:25 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:

Pending autopsy results

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?: Could not be determined

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:	305 N O'Connor Rd	City:	Irving
County:	Dallas	Zip:	75061

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:	Municipal Jail

Specific type of custody/facility:

Specific Type of Custody/Facility:
Jail - single 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:	3/10/2025 4:15 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?:	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:

Failure to Identify Fugitive Give False Information

Offense 2:

Warrant: Theft of Property 100<750

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: Crime Against Property

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):	Unknown	Make suicidal statements?:	No
Exhibit any mental health problems?:	No	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

Resist being handcuffed or

standoff?:	No	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

Summary of Incident

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

Summary:

On March 11th at approximately 04:44hrs, an inmate in custody at the City of Irving Municipal Jail was found to be unresponsive by detention personnel who immediately began life-saving measures. The Irving Fire Department responded to the jail where they provided medical assistance to the individual and then transported him to Baylor Scott and White Medical Center in Irving where he was pronounced deceased at approximately 05:25hrs.