KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-347-UF	Version Type:	ORIGINAL VERSION
Report Date:	4/29/2026 5:32 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Montague County Sheriff's Dept.	Agency Address:	PO BOX 127
Agency City:	Montague	Agency State:	TX
Agency Zip:	76251		

Director Information

Director Salutation:	Sheriff	Director First Name:	Marshall
Director Middle Name:			
Director Last Name:	Thomas		
Reporter Name:	Marshall Thomas	Reporter Email:	mthomas@montaguesheriff.com

Decedent Information

Identity of Deceased

First Name: Jacob

Middle Name: Nathanael

Last Name: Jones

Suffix:

Date of Birth: 10/7/1989 Sex: Male

Race: Anglo or White

Age At Time Of Death: 36

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

Date/Time of Custody or Incident: 3/22/2026 11:27 AM

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

Death Date and Time: 3/22/2026 12:34 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 pending

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

Manner of Death: Homicide (includes 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: 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:	712 Spur 511	City:	Sunset
County:	Montague	Zip:	76270

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 subsequent to 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: 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 on Peace Officer

Offense 2:

Deadly Conduct

Offense 3:

County Ordinance Violation

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: Other, specify

Type of Offense, Other:

Burn Ban Violation

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: Discharged firearm

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

Attempt to Injure Others?:	Yes (select all that apply)
Ways Decedent Attempted To Injure Others:	Attempted to injure law enforcement personnel; Attempted to injure civilian(s) or other inmate(s)

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

Appear intoxicated (alcohol or drugs):	No	Make suicidal statements?:	No
Exhibit any mental health problems?:	Yes	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?:	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:	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:

Suspect allegedly displayed a firearm toward firefighters called to his residence for a burn ban violation. Firefighters left the residence and contacted the Montague County Sheriff's Office to report the incident. Two Montague County Deputies and two Bowie PD Officers responded to the residence and confronted suspect in reference to displaying the weapon to firefighters. Attempts at de-escalation failed as the suspect drew a firearm to fire at officers. The officers returned fire striking the suspect.