KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-581-CJ	Version Type:	ORIGINAL VERSION
Report Date:	7/31/2026 3:46 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Mitchell County Sheriff's Dept.	Agency Address:	333 Pine Street
Agency City:	Colorado City	Agency State:	TX
Agency Zip:	79512		

Director Information

Director Salutation:	Sheriff	Director First Name:	Patrick
Director Middle Name:			
Director Last Name:	Toombs		
Reporter Name:	Patrick Toombs	Reporter Email:	ptoombs@co.mitchell.tx.us

Decedent Information

Identity of Deceased

First Name: Joshua

Middle Name: Thomas

Last Name: Holstine

Suffix:

Date of Birth: 9/7/1977 Sex: Male

Race: Anglo or White

Age At Time Of Death: 48

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

Date/Time of Custody or Incident: 7/30/2026 3:55 PM

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

Death Date and Time: 7/30/2026 4:35 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: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Not available at this time. Autopsy pending

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?: 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:	333 Pine Street	City:	Colorado City
County:	Mitchell	Zip:	79512

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 - multiple occupancy 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:	4/2/2026 11:02 PM

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:

Proh Sub Corr/Civ Com Facility

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: Alcohol / drug offense

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): No

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 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

Summary of Incident

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

Summary:

In reference to Inmate Holstine, Joshua Thomas

Inmate Holstine was a trustee at the Mitchell County Jail. Inmate Holstine has been in custody since April 2nd 2026 for a probation violation. Inmate Holstine had been trustee for a period of time.
Inmate Holstine and other trustees were in the sallyport and right outside of the sallyport working. The trustees were being supervised by jail staff. The trustees were cleaning out the muffin monster. Inmate Holstine was kneeled over and spraying water into the grass. Inmate Holstine then fell over on his right side of his body and then onto his stomach. Inmate Holstine then tried to get up and then went back onto his stomach. Jail staff then went to check on Inmate Holstine. The other trustees came over to Inmate Holstine and carried Inmate Holstine into the laundry room located inside the jail.
Once inside the laundry room, Jail staff and trustees started CPR. Mitchell County EMS was called to the Mitchell County Jail. A defibrillator was retrieved from the Control Room of the jail. The defibrillator was then hooked up to Inmate Holstine. The defibrillator was used twice before EMS arrived. CPR was still being done when EMS arrived. EMS then took over CPR and administered life saving measures. Inmate Holstine was placed on a backboard and then onto a gurney. Inmate Holstine was then placed into the ambulance and transported to the Mitchell County Hospital. Inmate Holstine was pronounced deceased at 4:35 pm on July 30th 2026.