KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	19-1436-PF	Version Type:	ORIGINAL VERSION
Report Date:	12/17/2024 9:25 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Arlington Police Dept.	Agency Address:	620 W. Division St.
Agency City:	Arlington	Agency State:	TX
Agency Zip:	76011		

Director Information

Director Salutation:	Chief	Director First Name:	Will
Director Middle Name:			
Director Last Name:	Johnson		
Reporter Name:	Stephen Winchester	Reporter Email:	steve.winchester@arlingtontx.gov

Decedent Information

Identity of Deceased

First Name: Margarita

Middle Name: Victoria

Last Name: Brooks

Suffix:

Date of Birth: 9/22/1988 Sex: Female

Race: Anglo or White

Age At Time Of Death: 30

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

Date/Time of Custody or Incident: 8/1/2019 5:17 PM

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

Death Date and Time: 8/1/2019 6:05 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)

Homicide (includes

Manner of Death:	Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:
Gunshot wound of the chest and left forearm.

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: 1000 Cantor Dr
City: Arlington
County: Tarrant
Zip: 76011

What location category best describes where the event causing the death occurred?

Location Category: Other, specify

Other Location Category:

open field.

What type of custody/facility was the Decedent in at the time of death:

Type of Custody: Private Facility

Specific type of custody/facility:

Specific Type of Custody/Facility:

Hospital/Infirmary

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: 8/1/2019 5:56 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:

No offense had occurred.

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: Other, specify

Type of Offense, Other:

Welfare check.

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?:	Unknown

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:

On August 1, 2019, an Officer responded to a female passed out on a sidewalk. During the investigation, a canine began barking and running towards the officer. The officer discharged his firearm three times toward the canine. The female was lying on the ground behind the canine, and a round from the officer's firearm struck and killed the female.