KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1819-C	Version Type:	AMENDED
Report Date:	2/8/2024 7:38 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:	Alexander
Director Middle Name:			
Director Last Name:	Jones		
Reporter Name:	Richard Garcia	Reporter Email:	richard.garcia@arlingtontx.gov

Decedent Information

Identity of Deceased

First Name: Patricio

Middle Name:

Last Name: Gamboa

Suffix:

Date of Birth: 12/24/1999 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 23

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

Date/Time of Custody or Incident: 11/19/2023 6:34 AM

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

Death Date and Time: 11/19/2023 7:07 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 are available

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

Manner of Death: Homicide (includes Justifiable Homicide)

Medical Cause of Death:

Medical Cause of Death:

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: Not Applicable

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?: Firearm, unspecified

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: 2500 Fallcreek St
City: Arlington
County: Tarrant
Zip: 76011

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

Location Category: Roadway/highway/street/sidewalk

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

Type of Custody: Police Custody (pre-booking)

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:

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?: 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:

Aggravated Assault of Peace Officer

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:

Suicide in progress

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: Displayed firearm without discharge

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 Attempted to injure

Injure Others:	law enforcement personnel

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?:	Yes
Exhibit any mental health problems?:	Yes	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:	Yes	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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

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

Summary:

Officers were dispatched to 2500 Fallcreek St in reference to a suicidal subject. The subject would later be identified as Patricio Gamboa and he made several suicidal comments to dispatch and that he was armed with a shotgun. As officers arrived they staged away from his residence to formulate a plan. Officers made contact with Gamboa via phone and he confirmed he was armed with a weapon and suicidal. Gamboa hung up the phone and began walking towards officers with the shotgun. Officers gave several commands for Gamboa to drop the weapon and he refused. Officers tried to de-escalate the situation for approximately three minutes. Gamboa then raises the shotgun pointed at officers and officers utilize deadly force. Gamboa falls to the ground and drops the shotgun. Officers waited for a shield to approach Gamboa and once the scene was secure life-saving measures began. EMS arrived and took over life-saving measures. Gamboa was transported by ambulance to MCA in Arlington where he was pronounced deceased at 0707 hours.