KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-100-C	Version Type:	AMENDED
Report Date:	2/9/2026 12:05 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Amarillo Police Dept.	Agency Address:	200 SE 3rd Ave
Agency City:	Amarillo	Agency State:	TX
Agency Zip:	79101		

Director Information

Director Salutation:	Chief	Director First Name:	Jimmy
Director Middle Name:			
Director Last Name:	Johnson		
Reporter Name:	Cole Thurman	Reporter Email:	cole.thurman@amarillo.gov

Decedent Information

Identity of Deceased

First Name: Ruben

Middle Name: Cordova

Last Name: Ramirez

Suffix:

Date of Birth: 7/10/1965 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 60

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

Date/Time of Custody or Incident: 2/8/2026 6:00 AM

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

Death Date and Time: 2/8/2026 6:45 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: Other - specify

Manner of Death Description:

Prone restraint cardiac arrest complicated by obesity, heart disease, and drug intoxication.

Medical Cause of Death:

Medical Cause of Death:

Prone restraint cardiac arrest complicated by obesity, heart disease, and drug intoxication.

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Unknown

If death was an accident, homicide or suicide, who caused the death?

Who caused the death?: Unknown person(s) caused the injury

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?: Pre-existing medical condition

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:	307 N. Hughes St.	City:	Amarillo
County:	Potter	Zip:	79107

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: Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel during/fleeing 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: Scene of incident

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?

Mental Health Evaluation

Offense 1:

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: Medical / Mental Health assistance call

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?: Unknown

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

Appear intoxicated (alcohol or drugs): Yes

Make suicidal statements?: No

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?:	Yes
Physically attempt/assault officer(s):	Unknown	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:	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:

On 2/8/26 APD Uniformed Officers were dispatched to 307 N. Hughes on a subject that appeared to be under the influence of narcotics/alcohol. Subject was described by 911 caller as violent and expressing non-substantiated claims that people were following him and trying to kill him. 911 callers reported attempting to calm subject down, but subject became violent towards them resulting in callers' request for law enforcement assistance. Officers made contact and attempted to detain for medical/mental evaluation when subject became hostile. Officers were ultimately able to physically restrain the subject in hand restraints. Subject then became unconscious/ unresponsive. Officers then observed the subject loose pulses and become apneic. Resuscitative efforts were initiated by officers and then EMS, however those efforts were unsuccessful. The subject was declared deceased on scene at 0645 hrs on 2/8/26. Preliminary autopsy results indicated the presumptive positive for THC, amphetamines, methamphetamines, and ETOH. No external traumatic injuries were noted. Medical issues were noted such as cardiomegaly, hypertension, obesity, and hepatic steatosis.