KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-241-UF	Version Type:	ORIGINAL VERSION
Report Date:	3/27/2026 9:21 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Fort Worth Police Dept.	Agency Address:	505 W. Felix St.
Agency City:	Fort Worth	Agency State:	TX
Agency Zip:	76115		

Director Information

Director Salutation:	Chief	Director First Name:	Edgardo
Director Middle Name:			
Director Last Name:	Garcia		
Reporter Name:	Alison Fincher	Reporter Email:	alison.fincher@fortworthtexas.gov

Decedent Information

Identity of Deceased

First Name: Jose

Middle Name: Juan

Last Name: Lara

Suffix:

Date of Birth: 7/24/1987 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 38

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

Date/Time of Custody or Incident: 3/12/2026 4:03 PM

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

Death Date and Time: 3/12/2026 4:05 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 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:

Gunshot wounds of the chest

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: 1601 MLK Fwy
City: Fort Worth
County: Tarrant
Zip: 76104

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: Pre-Custodial Use of Force

Specific type of custody/facility:

Specific Type of Custody/Facility:

N/A

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?

Offense 1:

Aggravated Assault w/ DW Against 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:

Subject was cutting own neck with broken bottle in an apparent suicide attempt

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 other weapon, specify:

Specify Weapon Displayed:

Broken bottle

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

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?:	No
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:

Subject was on freeway cutting his own neck with broken glass bottle. Officer approached to get him to stop and get him treatment. Suspect charged towards officer, holding bottle up as if to stab officer with bottle. In fear for his life/safety, officer fired handgun at suspect. suspect was declared dead on the scene.