KEN PAXTON
ATTORNEY GENERAL of TEXAS

# CUSTODIAL DEATH REPORT

## Agency Information

| | | | |
|---|---|---|---|
| CDR Number: | 26-396-UF | Version Type: | ORIGINAL VERSION |
| Report Date: | 5/19/2026 11:13 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: | daniel adoboe | Reporter Email: | daniel.adoboe@fortworthtexas.gov |

## Decedent Information

### Identity of Deceased

First Name: Emmitt

Middle Name: Elijah

Last Name: Mayo

Suffix:

Date of Birth: 4/11/2001 Sex: Male

Race: Black or African American

Age At Time Of Death: 25

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

Date/Time of Custody or Incident: 5/16/2026 12:36 AM

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

Death Date and Time: 5/16/2026 12:37 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 pending

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

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|---|---|
| Manner of Death: | Homicide (includes Justifiable Homicide) |

## Medical Cause of Death:

Medical Cause of Death:

gunshot wound

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

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|---|---|
| Medical Treatment: | No |

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

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| 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)

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| 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?

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| 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?

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| Means of Death: | Firearm |

# Location / Custody Information

## Where did the event causing the death occur?

Street Address: 4216 wiman
City: fort worth
County: Tarrant
Zip: 76119

## 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:

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?

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| 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?

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|---|---|
| | Offense 1: |
| Aggravated assault 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)

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|---|---|
| Type of Offense: | Violent Crime Against Persons |

## At any time during the incident and/or entry into the law enforcement facility, did the decedent display or use a weapon?

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| Decedent display/use of weapons: | Yes, mark all that apply |
| Decedent Display or Use Weapon Details: | Discharged firearm |

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

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|---|---|
| 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): | Unknown | 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?: | Yes |
| 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: | Yes |
| 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?

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|---|---|
| Under Restraint: | No |

## Summary of Incident

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

Summary:

Officers were dispatched to a disturbance scene. They heard gunshots and went in the direction it was coming from. They saw the decedent running toward them with a handgun. Officers gave him orders to drop the gun. He did not comply and pointed the handgun at the officers. Officers discharged their firearm and the decedent was struck multiple times. He was pronounced deceased on scene.