KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	26-195-UF	Version Type:	AMENDED
Report Date:	3/11/2026 4:11 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Texas Department Of Public Safety	Agency Address:	PO BOX 4087
Agency City:	Austin	Agency State:	TX
Agency Zip:	78773		

Director Information

Director Salutation:	Director	Director First Name:	Freeman
Director Middle Name:			
Director Last Name:	Martin		
Reporter Name:	Melinda Grieves	Reporter Email:	melinda.grieves@dps.texas.gov

Decedent Information

Identity of Deceased

First Name: Gabriel

Middle Name: Xavier

Last Name: Crossman

Suffix:

Date of Birth: 2/14/2026

Sex: Male

Race: Black or African American

Age At Time Of Death: 0

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

Date/Time of Custody or Incident: 2/23/2026 12:54 AM

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

Death Date and Time: 2/23/2026 12:54 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:

Multiple gunshot wounds

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?

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?: 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:	538 Westover Rd.	City:	Big Spring
County:	Howard	Zip:	79720

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

Location Category: Parking lot/garage

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?

Other Agencies Respond?: Yes

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:

Attempted Capital Murder

Offense 2:

Felon in possession of firearm

Offense 3:

Evading Arrest with a Vehicle

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:

Traffic Violation

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: Discharged firearm

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:	Injured 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):	Yes	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?

Under Restraint:	No

Summary of Incident

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

Summary:

A trooper attempted to conduct a traffic stop on a vehicle being driven by Mr. Crossman. Mr. Crossman refused to stop. The Trooper used a precision immobilization technique (PIT) to end the pursuit. Mr. Crossman and his passenger fled on foot. The Trooper caught Mr. Crossman in a field, but he refused to surrender. Mr. Crossman fired his handgun at the Trooper, striking him several times. The Trooper returned fire, striking and killing Mr. Crossman.