



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 26-337-UF

Version Type: AMENDED

Report Date: 4/27/2026 3:13 PM

Status: Submitted

Agency/Facility Information

Agency Name: Houston Police
Dept.

Agency Address: 1200 Travis, 16th
Floor

Agency City: Houston

Agency State: TX

Agency Zip: 77002

Director Information

Director Salutation: Chief

Director First Name: J. Noe

Director Middle Name:

Director Last Name: Diaz

Reporter Name: Angeline Grimes

Reporter Email: angeline.grimes@houstonpolice.org

Decedent Information

Identity of Deceased

First Name: Shahzad

Middle Name:

Last Name: Gaziani

Suffix:

Date of Birth: 9/2/1976

Sex: Male

Race: Asian or Pacific
Islander

Age At Time Of Death: 49

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

Date/Time of Custody or
Incident: 4/1/2026 11:18 AM

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

Death Date and Time: 4/1/2026 11:41 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:

Multiple gunshot wounds of the torso and extremities

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: 6300 W. Bellfort
Ave #630

City: Houston

County: Harris

Zip: 77035

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: 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?: 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/ Public Servant

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: Yes, mark all that apply

Decedent Display or Use Weapon Details: Displayed other weapon, specify:

Specify Weapon Displayed:

Knife

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):	Unknown	Make suicidal statements?:	Yes
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?:	Yes	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:	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: No

Summary of Incident

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

Summary:

On Wednesday, April 1, 2026, at approximately 1118 hours, a female complainant called 911 to report her husband was having a mental health crisis. South Gessner Patrol Officers were dispatched to the location (6300 W. Bellfort Ave. Apt 630), along with the Houston Fire Department at approximately 1122 hrs. When officers arrived on scene, there were met by the complainant who informed officers that her husband was inside their upstairs apartment, armed with a knife, making suicidal threats, along with threats to harm the police officers. When officers went upstairs and attempted to make contact with the decedent, he stood by the apartment door armed with a knife and closed the door. He reemerged shortly afterwards still holding a

knife while Officers issued multiple verbal commands for him to drop the knife. The male suspect, still armed with the knife, ignored those verbal commands and began to advance towards the officers. This resulted in three Houston Police Officers discharging their duty weapons at the decedent. HFD ambulance 82 was already on scene and called the time of death to be 1141 hours. The medical examiner ruled the manner of death to be Homicide and the cause of death due to multiple gunshot wounds of the torso and extremities.