KEN PAXTON
ATTORNEY GENERAL of TEXAS

**CUSTODIAL DEATH REPORT**

# Agency Information

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|---|---|---|---|
| CDR Number: | 16-22-C | Version Type: | AMENDED |
| Report Date: | 12/19/2016 2:02 PM | Status: | Submitted |

## Agency/Facility Information

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|---|---|---|---|
| Agency Name: | San Antonio Police Dept. | Agency Address: | 315 S. Santa Rosa |
| Agency City: | San Antonio | Agency State: | TX |
| Agency Zip: | 78207 | | |

## Director Information

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|---|---|---|---|
| Director Salutation: | Chief | Director First Name: | William |
| Director Middle Name: | | | |
| Director Last Name: | McManus | | |
| Reporter Name: | Rachel Barnes | Reporter Email: | rachel.barnes@sanantonio.gov |

# Decedent Information

### Identity of Deceased

First Name: Anthony

Middle Name: Lamont

Last Name: Whit

Suffix:

Date of Birth: 8/26/1992

Sex: Male

Race: Black or African American

Age At Time Of Death: 24

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

Date/Time of Custody or Incident: 11/27/2016 9:48 AM

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

Death Date and Time: 11/27/2016 10:42 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: Accidental

## Medical Cause of Death:

Medical Cause of Death:

Apparent Drowning with other significant condition methamphetamine intoxication

## 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?: Decedent

## 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?: 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: Other, specify

Means of Death Other: Apparent drowning

# Location / Custody Information

## Where did the event causing the death occur?

Street Address: 300 Tuleta
City: San Antonio
County: Bexar
Zip: 78212

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

Location Category: Field/woods/lake/waterway/beach

## 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: Medical facility

# 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:

Emergency Detention

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:

Civil Detention

## 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?: No

### 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?: | No | Resist being handcuffed or arrested?: | No |
| 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?

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

## Summary of Incident

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

Summary:

Officers were called for a male who cut his wrist. The cut was superficial. When officers arrived, the deceased was in the river swimming away from the officers. The deceased refused to get out of the water and eventually went under the water. An officer entered the water to locate the deceased, but he was unsuccessful. The deceased was located under water approximately 12 minutes later by Fire Rescue. He was transported to the hospital where he was pronounced dead.