KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1691-C	Version Type:	AMENDED
Report Date:	7/8/2024 8:17 AM	Status:	Submitted

Agency/Facility Information

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

Director Information

Director Salutation:	Chief	Director First Name:	William
Director Middle Name:	P.		
Director Last Name:	McManus		
Reporter Name:	Russ Van Geffen	Reporter Email:	russ.vangeffen@sanantonio.gov

Decedent Information

Identity of Deceased

First Name: Andareas

Middle Name:

Last Name: Davis

Suffix:

Date of Birth: 6/5/1995 Sex: Male

Race: Black or African American

Age At Time Of Death: 28

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

Date/Time of Custody or Incident: 12/7/2023 9:42 PM

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

Death Date and Time: 12/7/2023 10:40 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 are available

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

Manner of Death: Suicide

Medical Cause of Death:

Medical Cause of Death:

Internal organ rupture/hemorrhage

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?:	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:	Fall from height

Location / Custody Information

Where did the event causing the death occur?

Street Address:	Loop 410 over IH10 E	City:	San Antonio
County:	Bexar	Zip:	78219

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: Police Custody (pre-booking)

Specific type of custody/facility:

Specific Type of Custody/Facility:

Custody of Law Enforcement Personnel subsequent to 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:	
Felony warrant			
		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:	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):	No	Make suicidal statements?:	Unknown
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:	Yes, mark which restraint devices were used

Type of restraint

Type of Restraint:	Handcuffs

Summary of Incident

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

Summary:

On December 7, 2023 at approximately 2230 hrs, SAPD officers were dispatched to Loop 410 over IH10 E for a male (decedent) who had parked his vehicle nearby and was sitting on the ledge of the elevated exit ramp in an apparent mental health crisis. Arriving officers were able to speak with the decedent, have him move away from the ledge, and detain him without force or incident. As a precaution, EMS was requested to evaluate the decedent. After EMS determined there was no emergency medical issue, the decedent was placed in the backseat of a marked patrol unit and handcuffed with his hands behind his back. As officers waited for the decedent’s vehicle to be removed from the roadway, the decedent was able to move his arms so the handcuffs were in front of his body. The decedent then exited the patrol vehicle through the back left door’s window and ran toward the edge of the freeway. The decedent then jumped over the concrete barrier wall and fell approximately 60 feet to the ground below. Officers relocated to the decedent’s location and requested EMS. EMS arrived and pronounced the decedent deceased.