KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-1721-C	Version Type:	AMENDED
Report Date:	6/18/2024 9:37 AM	Status:	Submitted

Agency/Facility Information

Agency Name:	Universal City Police Dept.	Agency Address:	2150 Universal City Blvd.
Agency City:	Universal City	Agency State:	TX
Agency Zip:	78148		

Director Information

Director Salutation:	Chief	Director First Name:	John
Director Middle Name:			
Director Last Name:	Siemens		
Reporter Name:	Daniel Carmona	Reporter Email:	dcarmona@ucpdtx.org

Decedent Information

Identity of Deceased

First Name: Vergil

Middle Name: Scott

Last Name: Lenhart

Suffix:

Date of Birth: 7/21/1976 Sex: Male

Race: Anglo or White

Age At Time Of Death: 47

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

Date/Time of Custody or Incident: 12/5/2023 11:34 PM

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

Death Date and Time: 12/6/2023 12:24 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:

Cocaine toxicity in the setting of a physical struggle and restrain.

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?: Not applicable

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?: Could not be determined

If death was an accident, homicide or suicide, what was the means of death?

Means of Death: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address:	8303 Hera Drive	City:	Universal City
County:	Bexar	Zip:	78148

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: 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?: 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:

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: 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:

Patio table base (Legs)

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

Officers were dispatched to a residence for a male acting erratically and destroying property. Once they arrived, the male was in the sunroom located in the back of the residence, yelling and attempting to break a glass door with the base of a patio table (legs) as he was lying naked on the floor. One of the officers was able to take the patio table base off the male's hands. Once the officer was able to take the mentioned object, the second officer moved in and assisted the first officer by forcibly moving the male's arms which were tucked in under him to his back, and restrained the male by handcuffing him. The male began to swing his legs side to side, back and forward, so in order to prevent further injuries to himself or to prevent injuries to the officers, leg restraints were placed on him. The male was emergency detained, and shortly after, Schertz EMS arrived to medically treat the male, who had numerous lacerations and cuts all over his body. As EMS personnel were asking the male questions, he became unresponsive. The restraints were removed from the

male, and Schertz EMS immediately started CPR to no avail. The Texas Rangers were called to assist and investigate this incident.