KEN PAXTON
ATTORNEY GENERAL of TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number:	23-219-UF	Version Type:	ORIGINAL VERSION
Report Date:	3/3/2023 4:55 PM	Status:	Submitted

Agency/Facility Information

Agency Name:	Anthony Police Dept.	Agency Address:	PO BOX 1269
Agency City:	Anthony	Agency State:	TX
Agency Zip:	79821		

Director Information

Director Salutation:	Chief	Director First Name:	Carlos
Director Middle Name:			
Director Last Name:	Enriquez		
Reporter Name:	Carlos Enriquez	Reporter Email:	cenriquez@townofanthony.org

Decedent Information

Identity of Deceased

First Name: Apolinar

Middle Name:

Last Name: Lozano

Suffix:

Date of Birth: 1/31/1978 Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 45

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

Date/Time of Custody or Incident: 2/3/2023 2:30 PM

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

Death Date and Time: 2/3/2023 3:00 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: Pending autopsy results

Medical Cause of Death:

Medical Cause of Death:

Gun shot wounds

Had the decedent been receiving treatment for the medical condition that caused the death after admission to your jail's jurisdiction?

Medical Treatment: Yes

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:	3000 Mt Pass	City:	Anthony
County:	El Paso	Zip:	79821

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:	2/3/2023 2:30 PM

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:

Evading arrest

Offense 2:

Aggravated assault on a public servant

Offense 3:

Theft over 1500 under 25000

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:	Crime Against Property

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:	Used vehicle as weapon

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?:	Unknown
Exhibit any mental health problems?:	Unknown	Exhibit any medical problems?:	Unknown

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?:	Unknown
Physically attempt/assault officer(s):	No	Gain possession of officer's weapon:	No
Verbally threaten other(s) including law:	Unknown	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:

On the said date and time, officers were requested to assist New Mexico State Police and LAs Cruces, NM . Police officers on a theft of a motor vehicle in progress. Upon, arrival to listed location, the offender rammed into the NM trooper vehicle, began ramming the vehicle and in a effort to escape, assaulted the officers with the vehicle. The Officers from the adjoining State and of this agency discharged their duty weapon to the driver after he refused to comply with orders and stop his assault. The offender succumbed to his injuries even after aid was rendered to him.