



KEN PAXTON

ATTORNEY GENERAL *of* TEXAS

CUSTODIAL DEATH REPORT

Agency Information

CDR Number: 26-500-C

Version Type: ORIGINAL
VERSION

Report Date: 6/30/2026 10:40
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:

Director Last Name: McManus

Reporter Name: Russ Van Geffen

Reporter Email: russ.vangeffen@sanantonio.gov

Decedent Information

Identity of Deceased

First Name: Steven

Middle Name:

Last Name: Muro

Suffix:

Date of Birth: 8/4/1977

Sex: Male

Race: Hispanic or Latino

Age At Time Of Death: 48

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

Date/Time of Custody or
Incident: 6/10/2026 8:54 PM

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

Death Date and Time: 6/11/2026 12:00
AM

Manner / Cause of Death

Has a medical examiner or coroner conducted an evaluation to determine a cause of death?

Medical Examiner/Coroner Yes, results
Evaluation?: pending

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

Alcohol/Drug

Manner of Death: Intoxication

Medical Cause of Death:

Medical Cause of Death:

Drug overdose

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: Drug overdose

Location / Custody Information

Where did the event causing the death occur?

Street Address: 401 S Frio

City: San Antonio

County: Bexar

Zip: 78207

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

Location Category: Law Enforcement
Facility

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: 6/10/2026 9:45 PM

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:

Possession CS PG 1

Offense 2:

Resisting arrest

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:

Traffic Stop

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?: No

Exhibit any mental health problems?: No

Exhibit any medical problems?: Yes

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: No

Summary of Incident

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

Summary:

On June 10, 2026, officers on patrol observed a traffic violation and initiated a stop of the involved vehicle. Upon contact, officers noted the driver — the decedent — appeared to have an unknown object concealed in his mouth. Officers directed the decedent to exit the vehicle and attempted to place him in handcuffs for officer safety. The decedent passively resisted, and the concealed object was no longer visible. A search of the vehicle yielded narcotics in the driver's seat area. Officers advised the decedent he was under arrest. Concerned by the decedent's unusual behavior, officers requested EMS response. EMS personnel evaluated the decedent on scene and reported his vital signs were within normal limits. The decedent was transported by patrol vehicle to the Central Magistration facility at 401 S. Frio Street for processing. He was ambulatory upon arrival and entered the facility without assistance. Nursing staff conducted an evaluation and provided the decedent with food and water. He was subsequently placed in a holding cell to await magistration. While in the holding cell, the decedent suffered a medical emergency. Facility staff initiated life-saving measures and requested EMS response. EMS personnel transported the decedent to University Hospital, where he was pronounced deceased.