



San Antonio Police Department

Offense Case # SAPD12097298	Incident Type OFFENSE	CFS Number SAPD-2012-0457306
Primary Offense APPARENT SUDDEN DEATH		Page 1 of 3
Date / Time Occurred 5/4/2012 17:46 to 5/4/2012 18:25		Date / Time Reported 5/4/2012 18:25

Situation Found DOA	Type Of Search	Location Given By Dispatcher 13220 NACOGDOCHES	Related Case #
Hate Crime	Arson	Damage Value	Clearance

Elements of the Incident

Confidential
 Domestic Violence
 Drive by Shooting
 Gang Related
 High Profile
 Juvenile Related
 Video Surveillance Available
 Video Surveillance Received

Street Address 13220 NACOGDOCHES			Unit Type
Unit No. 304	City SAN ANTONIO	State Texas	Building No.
Floor No.	District 3250	Zip	County

<input checked="" type="checkbox"/> Notified Detective	Detective Name T. ANGELL	Detective Unit Type HOMICIDE	Detective Badge # 2395
<input checked="" type="checkbox"/> Notified Supervisor	Supervisor Name COOK	Supervisor Unit Type PATROL	Supervisor Badge # 3245
<input checked="" type="checkbox"/> Notified Medical Examiner	Medical Examiner Name MEGHAN RYANN	Medical Examiner Unit Type ME	Medical Examiner Badge # 123
<input type="checkbox"/> Notified Crisis Response Team	Crisis Response Name		
<input type="checkbox"/> Priority Notification	Priority Name		
<input type="checkbox"/> Notified Victim	Explanation		
<input checked="" type="checkbox"/> CSI Requested	CSI Name TERRILL	CSI Unit Type UED1	CSI Badge # 2370
<input type="checkbox"/> BOLO	Reporting Officer KEARNEY, MANDY	Employee Number	
Badge # 1248	Assignment Patrol Division		

VICTIM	<input type="checkbox"/> Business			
Last Name VAN DE WALLE	First Name CYNTHIA	Middle Name D	Nickname	Suffix
Race WHITE	Sex Female	SSN	Height	Weight
DOB 09/08/1949	Age 62	Age Range to	Date of Birth	Age
Preferred	Home Phone	Cell Phone	Email Address	
Driver's License # 06245583	DL State Texas	Place of Birth		

Victim Address

Street Address 17026 HI CEDAR			Unit Type
Unit No.	City HELOTES	State Texas	Building No.
Floor No.	Zip		

<input type="checkbox"/> Student	Employer / School	Occupation
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Victim Employer Address

Street Address			Unit Type
Unit No.	City	State	Building No.
Floor No.	Zip		

Details

Work Phone	Hours of Employment to	Hair Color	Eye Color
Build	Ethnicity Non-Hispanic	Injury Unconsciousness	Victim Condition

Victim-Offender Code Relationship Unknown	<input type="checkbox"/> Cohabitant	Under Influence of Alcohol <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	Under Influence of Drugs <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk
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Associated Offenses



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Offense: APPARENT SUDDEN DEATH Associated With Victim

OTHER PERSON	Person Type OTHER			
Last Name RETZLAFF	First Name TOM	Middle Name	Nickname	Suffix
Race WHITE	Sex Male	SSN	Date of Birth 03/14/1966	Age 46
Weight	Height	Driver's License #	DL State [REDACTED]	Age Range to
Preferred	Home Phone	Cell Phone 210-271-0630	Email Address	
Other Person Home Address				
Street Address				Unit Type
Unit No.	City SAN ANTONIO	State Texas	Zip	Building No / Floor No.
<input type="checkbox"/> Student	Employer / School BRAUBACH LAW OFFICES	Occupation ATTORNEY		
Other Person Employer Address				
Street Address 106 S. ST MARY				Unit Type
Unit No. 200	City SAN ANTONIO	State Texas	Zip	Building No / Floor No.
Details				
Work Phone	Hours of Employment to	Hair Color	Hair Length	<input type="checkbox"/> Glasses
Eye Color	Build	Facial Hair	Voice	Complexion
Ethnicity Non-Hispanic	Demeanor			

OTHER PERSON	Person Type MANAGER/OWNER			
Last Name MCPHEE	First Name MARK	Middle Name	Nickname	Suffix
Race WHITE	Sex Male	SSN	Date of Birth	Age
Weight	Height	Driver's License #	DL State [REDACTED]	Age Range to
Preferred	Home Phone	Cell Phone	Email Address	
Other Person Home Address				
Street Address				Unit Type
Unit No.	City SAN ANTONIO	State Texas	Zip	Building No / Floor No.
<input type="checkbox"/> Student	Employer / School	Occupation MANAGER		
Other Person Employer Address				
Street Address 13220 NACOGDOCHES				Unit Type
Unit No.	City SAN ANTONIO	State Texas	Zip	Building No / Floor No.
Details				
Work Phone	Hours of Employment to	Hair Color	Hair Length	<input type="checkbox"/> Glasses
Eye Color	Build	Facial Hair	Voice	Complexion
Ethnicity	Demeanor			

OTHER PERSON	Person Type OTHER			
Last Name VAN DE WALLE	First Name JOE	Middle Name	Nickname	Suffix



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Race WHITE	Sex Male	SSN	Date of Birth	Age	Age Range to
Weight	Height	Driver's License #	DL State [REDACTED]	Place of Birth	
Preferred	Home Phone	Cell Phone 210-408-0035	Email Address		

Other Person Home Address					
Street Address 1301 VISTA DEL MONTE					Unit Type
Unit No.	City SAN ANTONIO	State Texas	Zip 78216	Building No.	Floor No.

<input type="checkbox"/> Student	Employer / School	Occupation
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Other Person Employer Address					
Street Address					Unit Type
Unit No.	City SAN ANTONIO	State Texas	Zip	Building No.	Floor No.

Details					
Work Phone	Hours of Employment to	Hair Color	Hair Length	<input type="checkbox"/> Glasses	
Eye Color	Build	Facial Hair	Voice	Complexion	
Ethnicity Non-Hispanic	Demeanor				

<input checked="" type="checkbox"/> Primary Offense	Report Offense APPARENT SUDDEN DEATH
UCR Category 000060	Attempted Completed Completed
Premise	Circumstances
Hotel/Motel/Etc.	UNARMED
Weapon Brand	Weapon Model
Weapon Color	
Criminal Activity 1	Criminal Activity 2
	Criminal Activity 3

Narrative Legend

DET = T. ANGELL, HOMICIDE, 2395
 SUP = COOK, PATROL, 3245
 MXE = MEGHAN RYANN, ME, 123
 CS = TERRILL, UEDI, 2370
 V1 = VAN DE WALLE, CYNTHIA D
 M1 = MCPHEE, MARK
 O1 = RETZLAFF, TOM
 O2 = VAN DE WALLE, JOE

Narrative Information

I WAS DISPATCHED TO THE ABOVE LOCATION FOR A DOA. UPON ARRIVAL M AND O1 WERE WAITING OUTSIDE V'S ROOM. M OPENED THE DOOR AND BROKE THE LOCK TO GAIN ENTRY PRIOR TO MY ARRIVAL. M STATED V WAS ON THE GROUND NEXT TO THE BED. THAT'S WHERE I FOUND V. V HAD BLOOD COMING OUT OF HER MOUTH. V HAD DENTAL SURGERY MONDAY AND WAS ON ANTIBIOTICS. V IS ALSO PARANOID SCHIZOPHRENIC AND TAKING RISPERDOL. ACCORDING TO O1 V WAS NOT SUICIDAL AND HAD BEEN TAKING HER MEDICATION REGULARLY. O1 IS THE LAST ONE TO HAVE CONTACT WITH V, HE SPOKE WITH HER OVER THE PHONE ON WEDNESDAY. O1 BECAME CONCERNED WHEN V DID NOT ANSWER THE PHONE THIS MORNING AROUND 1030 HOURS. O1 WAS SUPPOSE TO TAKE HER TO THE HOSPITAL FOR LABS. O2 IS V'S BROTHER AND WAS NOTIFIED. CS MADE THE LOCATION FOR PICTURES. DET, SUP AND ME WERE NOTIFIED. ME DID NOT MAKE THE LOCATION. V WAS TRANSPORTED BY CONTRACT AMBULANCE TO THE ME OFFICE.