Date Received: 8/8/2017 Date Uploaded: 8/9/2017

Date of Report: 8/8/2017 Version Type: ORIGINAL

Name of Agency/Facility:	San Antonio Police Department	e Street Addre	ess:	315 S. Santa Rosa
City:	San Antonio	Zip Co	de:	78207
Agency Phone Number:	210-207-7273	Director Salutati	ion:	Chief
Director First Name:	William	Director Middle Nar	me:	Ρ.
Director Last Name:	McManus			
Name of Person Filling Out De Form: De		Email of Person Filling Out Form:	ark.d	uke@sanantonio.gov

Amended Date:

Injured or Deceased Information

1. What was the injured or deceased's gender?: Male

2. What was the injured or deceased's age at time of 37 incident?:

3. What was the injured or deceased's race/ethnicity? Hispanic or Latino (Mark only one):

Incident Details

5. Location of Incident

Street Address: 1822 Plaza Del Sol

State: TX

Zip: 78207

6. Incident Resulted In: Death

7. Injured or Deceased Person:: Carried, exhibited, or used a deadly weapon

Peace Officer Information

PLEASE CLICK THE ADD PEACE OFFICER BUTTON TO ENTER INFORMATION ABOUT EACH PEACE OFFICER INVOLVED.

City: San Antonio

County: Bexar

Male	30	Hispanic or Latino	On Duty
8. What was the peace officer's gender?	9. What was the peace officer's age at the time of the incident?	10. What was the peace officer's race/ethnicity? (Mark only one)	11. During the incident, peace officer was:

Response/Incident Result Information

12. Peace Officer was responding to call or request Yes with one or more officers::

13. Incident occurred during or as a result of a (hold down CTRL on your keyboard to select more than one value):: Emerg Situation

Peace Officer Involved Injuries or Death Report :: Page 2 of 3

Specify type of call: