

Agency/Facility Information

Date Received: 8/6/2017

Date Uploaded: 8/8/2017

Date of Report: 8/6/2017

Amended Date:

Version Type: ORIGINAL

Name of Agency/Facility: San Antonio Police
Department

Street Address: 315 S. Santa Rosa

City: San Antonio

Zip Code: 78207

Agency Phone Number: 210-207-7273

Director Salutation: Chief

Director First Name: William

Director Middle Name: P.

Director Last Name: McManus

Name of Person Filling Out Form: Det. Rachel
Barnes #2510

Email of Person Filling Out Form: rachel.barnes@sanantonio.gov

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 incident?: 26

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

Incident Details

4. Date of Incident: 7/26/2017 12:52 AM

5. Location of Incident

Street Address: 6130 Ingram

City: San Antonio

State: TX

County: Bexar

Zip: 78238

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**.

| | | | |
|---|--|--|---|
| 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: |
| Male | 29 | Hispanic or Latino | On Duty |

Response/Incident Result Information

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

13. Incident occurred during or as a result of a (hold down CTRL on your keyboard to select more than one value):: Emergency Call or Request for Assistance

