

Agency/Facility Information

Date Received: 11/10/2017

Date Uploaded: 11/14/2017

Date of Report: 11/10/2017

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: 210-207-7875

Director Salutation: Chief

Director First Name: William

Director Middle Name: P.

Director Last Name: McManus

Name of Person Filling Out Form: Det. L. Carrion
#2478

Email of Person Filling Out Form: leroy.carrion@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?: 37

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

Incident Details

4. Date of Incident: 10/26/2017 4:48 PM

5. Location of Incident

Street Address: 719 Briggs

City: San Antonio

State: TX

County: Bexar

Zip: 78217

6. Incident Resulted In: Injury

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	30	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

