

Agency/Facility Information

Date Received: 2/14/2018

Date Uploaded: 2/15/2018

Date of Report: 2/14/2018

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: 210-207-7635

Director Salutation: Chief

Director First Name: William

Director Middle Name: P.

Director Last Name: McManus

Name of Person Filling Out Form: Detective Tom
McNelly 2070

Email of Person Filling Out Form: tom.mcnelly@sanantonio.gov

Injured or Deceased Information

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

2. What was the injured or
deceased's age at time of
incident?: 43

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

Incident Details

4. Date of Incident: 1/27/2018 3:22 PM

5. Location of Incident

Street Address: Bluffcircle

City: San Antonio

State: TX

County: Bexar

Zip: 78216

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:
Female	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):: Hostage/Barricade/Other Emerg Situation

Specify type of call: