Date Received: 5/8/2018 Date Uploaded: 5/9/2018

Date of Report: 5/8/2018 Version Type: ORIGINAL

Name of Agency/Facility:	San Antonio Po Department	blice Street	Address:	315 S. Santa Rosa
City:	San Antonio	Z	Zip Code:	78207
Agency Phone Number:	210-207-1385	Director Sa	alutation:	Chief
Director First Name:	William	Director Midd	le Name:	Ρ.
Director Last Name:	McManus			
Name of Person Filling Det Out Form: Mo	. Mark rales @2091	Email of Person Filling Out Form:	mark.mora	ales@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 44 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: 125 E. Houston

State: TX

Zip: 78205

6. Incident Resulted In: Death

7. Injured or Deceased Person:: Carried, exhibited, or used a deadly weapon City: San Antonio County: Bexar

## 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	42	Hispanic or Latino	On Duty
Male	30	Hispanic or Latino	On Duty

### **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)::
Emergency Call or Request for Assistance

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