Date Received: 2/13/2019 Date Uploaded: 2/13/2019

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Date of Report: 2/13/2019 Version Type: ORIGINAL

Name of Agency/Facility:	San Antonio Po Dept.	blice	Street Address:	315 S. Santa Rosa
City:	San Antonio		Zip Code:	78207
Agency Phone Number:	(210) 207-7360	Direc	ctor Salutation:	Chief
Director First Name:	William	Director	Middle Name:	Ρ.
Director Last Name:	McManus			
Name of Person Filling Richa Out Form: Richa		Email of Person Filling Out Form:	richard.richarc	lson@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 33 incident?:

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

# **Incident Details**

#### 5. Location of Incident

Street Address:Loop 410 NE at<br/>Austin HwyState:TXZip:78218

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.

Male	37	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)::

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