Date Received: 1/24/2019 Date Uploaded: 1/24/2019

Date of Report: 1/24/2019

Version Type: ORIGINAL

Name of Agency/Facility:	San Antonio Poli Dept.	ce Street Address:	315 S. Santa Rosa
City:	San Antonio	Zip Code:	78207
Agency Phone Number:	(210) 207-7360	Director Salutation:	Chief
Director First Name:	William	Director Middle Name:	Ρ.
Director Last Name:	McManus		
Name of Person Filling Out Form: Ra	indal Hines	Email of Person Filling Out Form: randal.h	<u>iines@sanantonio.gov</u>

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 39 incident?:

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

Incident Details

5. Location of Incident

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	46	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)::

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