

Agency/Facility Information

Date Received: 7/11/2019

Date Uploaded: 7/11/2019

Date of Report: 7/11/2019

Amended Date:

Version Type: ORIGINAL

Name of Agency/Facility: San Antonio Police Dept.

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: P.

Director Last Name: McManus

Name of Person Filling Out Form: Lawrence Saiz

Email of Person Filling Out Form: lsaiz@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?: 35

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

Incident Details

4. Date of Incident: 6/25/2019 6:45 AM

5. Location of Incident

Street Address: IH-37 S @ W.
Boyer Avenue

City: San Antonio

State: TX

County: Bexar

Zip: 78203

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:
Male	49	Hispanic or Latino	On Duty
Male	44	Hispanic or Latino	On Duty
Male	35	Hispanic or Latino	On Duty
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 Emergency Call or Request for Assistance;

CTRL on your keyboard to Hostage/Barricade/Other
select more than one value):: Emerg Situation

Specify type of call:

Suicide In Progress