

Agency/Facility Information

Date Received: 12/4/2019

Date Uploaded: 12/4/2019

Date of Report: 12/4/2019

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: Tom McNelly

Email of Person Filling Out
Form: tom.mcnelly@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?: 34

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

Incident Details

4. Date of Incident: 11/6/2019 9:30 PM

5. Location of Incident

Street Address: 7239 SW Loop 410

City: San Antonio

State: TX

County: Bexar

Zip: 78242

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 | 46 | Anglo or White | On Duty |
| Male | 45 | Anglo or White | On Duty |

Response/Incident Result Information

12. Peace Officer was responding to call or request with one or more officers:: No

13. Incident occurred during or as a result of a (hold down CTRL on your keyboard to select more than one value):: Execution of a Warrant

