Date Received: 1/22/2020 Date Uploaded: 1/22/2020

Date of Report: 1/22/2020 Version Type: ORIGINAL

Name of Agency/Facility:	San Antonio Polic Dept.	se Street	Address:	315 S. Santa Rosa
City:	San Antonio	2	Zip Code:	78207
Agency Phone Number:	(210) 207-7360	Director S	alutation:	Chief
Director First Name:	William	Director Midd	lle Name:	Ρ.
Director Last Name:	McManus			
Name of Person Filling Out Form: Ma	rk Morales E	mail 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 34 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: 115 W. Theo State: TX Zip: 78214

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	22	Anglo or White	On Duty
Male	29	Hispanic or Latino	On Duty
Male	25	Hispanic or Latino	On Duty
Male	24	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 Other select more than one value)::

Specify type of call:

Stolen Vehicle