Agency/Facility Information

Date Received: 5/13/2020

Date Uploaded: 5/13/2020

Date of Report: 5/13/2020 Amended Date:

Version Type: ORIGINAL

Name of Agency/Facility: San Antonio Police Street Address: 315 S. Santa Rosa

Dept.

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: Email of Person Filling Out Form: juan.espino@sanantonio.gov

Injured or Deceased Information

1. What was the injured or deceased's gender?:

2. What was the injured or deceased's age at time of 52 incident?:

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

Black or African American

Incident Details

4. Date of Incident: 4/23/2020 4:49 PM

5. Location of Incident

Street Address: 2600 Westward City: San Antonio

State: TX County: Bexar

Zip: 78227

6. Incident Resulted In: Injury

7. Injured or Deceased Person:: Carried, exhibited, or used a deadly

n:: 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	23	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)::

Specify type of call:

Burglary in Progress