

Name



#### Peace Officer Involved Injuries or Death Report

## Agency/Facility Information

Date Received:	3/15/2018		
Date Uploaded:	3/16/2018		
Date of Report:	3/15/2018	Amended Date	e:
Version Type:	ORIGINAL		
Name of Agency/Facility:	Austin Police Department	Street Addres	s: P.O. Box 689001
City:	Austin	Zip Code	e: 78768
Agency Phone Number:	512-974-5338	Director Salutation	n: Chief
Director First Name:	Brian	Director Middle Name	e:
Director Last Name:	Manley		
ne of Person Filling Out Lie Form: Th		Email of Person Filling Out Form:	omas@austintexas.gov

## Injured or Deceased Information

 What was the injured or deceased's gender?: Male
What was the injured or deceased's age at time of incident?: 23
What was the injured or deceased's race/ethnicity? (Mark only one): Anglo or White

## **Incident Details**

4. Date of Incident: 1/26/2018 3:40 AM

#### 5. Location of Incident

Street Address:	4507 Avenue G	City:	Austin
State:	тх	County:	Travis
Zip:	78751		
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.

Peace Officer's Gender	Peace Officer's Age	Peace Officer's Race/Ethnicity	Peace Officer On Duty?
Male	32	Anglo or White	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)::

Emergency Call or Request for Assistance