

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	
Version Type:	ORIGINAL		
Name of Agency/Facility:	Austin Police Department	Street Address	: P.O. Box 689001
City:	Austin	Zip Code	78768
Agency Phone Number:	512-974-5338	Director Salutation	Chief
Director First Name:	Brian	Director Middle Name	
Director Last Name:	Manley		
ne of Person Filling Out Lie Form: The		Email of Person Filling Out Form:	omas@austintexas.gov

Injured or Deceased Information

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

Incident Details

4. Date of Incident: 2/19/2018 5:30 PM

5. Location of Incident

Street Address:	4900 blk of Edge Creek Drive	City:	Austin
State:	тх	County:	Travis
Zip:	78744		
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	31	Anglo or White	On Duty
Male	32	Black or African American	On Duty
Male	40	Anglo or White	On Duty
Male	33	Anglo or White	On Duty
Male	29	Anglo or White	On Duty
Male	40	Anglo or White	On Duty
Male	40	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: