

Name



Peace Officer Involved Injuries or Death Report

Agency/Facility Information

Date Received:	1/5/2018			
Date Uploaded:	1/9/2018			
Date of Report:	1/5/2018	Amende	ed Date:	
Version Type:	ORIGINAL			
Name of Agency/Facility:	Austin Police Department	Street A	Address:	P.O. Box 689001
City:	Austin	Zi	ip Code:	78768-9001
Agency Phone Number:	512-974-5000	Director Sa	lutation:	Chief
Director First Name:	Brian	Director Middle	e Name:	
Director Last Name:	Manley			
e of Person Filling Out Lie Form: The	utenant Kurt omas	Email of Person Filling Out Form:	kurt.thor	nas@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: 12/15/2017 6:49 AM

5. Location of Incident

Street Address:	5007 Lynnwood Street	City:	Austin
State:	ТХ	County:	Travis
Zip:	78756		
6. Incident Resulted In:	Injury		
	Carried exhibited		

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	51	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)::