



***PEACE OFFICER INVOLVED SHOOTINGS
2015 ANNUAL REPORT***

February 1, 2016

Pursuant to Articles 2.139 and 2.1395 of the Code of Criminal Procedure (“Code”), law enforcement agencies are required to report information regarding peace officer involved shootings. These reports are made to the Office of the Attorney General (“OAG”). The OAG is required to create an annual report summarizing the information on the submitted reports. These requirements are new obligations after passage of HB1036 by the 84th Legislature. Under the Code, reports are to be submitted to the Governor, and to the standing legislative committees with primary jurisdiction over criminal justice matters.

This report provides the following information:

- a) The number of peace officer involved shootings from the effective date of the law on September 1, 2015 to December 31, 2015 as well as some brief statistical breakdown of those incidents; and
- b) An attachment of copies of the actual reports submitted to the OAG.

Summary of Peace Officer Involved Shootings: 9/1/15-12/31/15

From the effective date of the new law on September 1, 2015, until December 31, 2015, there were seventy (70) separate incidents statewide involving peace officer shootings with a firearm that caused injury or death.¹ Those incidents resulted in twenty-nine (29) deaths and forty-one (41) injuries to individuals; additionally, four (4) peace officers were injured, none were killed.

Of the individuals (non-peace officers) who were either injured or killed in these incidents, thirty-two (32) were Caucasian, twenty-one (21) were Hispanic, sixteen (16) were African-American, and one (1) was of another nationality or race. Sixty (60) of these incidents involved individuals who were reported to be carrying a deadly weapon; ten (10) did not. The reason for the officers’ involvement are broken down as follows: twenty-eight (28) Emergency Calls or Requests for Assistance; four (4) involving Execution of a Warrant; four (4) Hostage, Barricade and Other Emergency Situations, six (6) Traffic Stops, and twenty-eight (28) Other uncategorized situations.

¹ Two reports submitted to the OAG were not required to be submitted pursuant to the Code, however, they have been included in these statistics. The Clarksville Police Department report from August 25, 2015 was not required to be submitted as the reported incident occurred prior to the effective date of the statute. The Jal, New Mexico Police Department report from November 30, 2015 was not required as it involved a law enforcement officer who does not qualify as a peace officer under Texas law.



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-8812

DATE OF REPORT 11/18/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Clarksville Police Department

Address 800 West Main

City Clarksville

Zip Code 75426

Telephone Number (903) 427-3836

Signature of Director of Agency/Facility (Required) *Brandon Hartison*

Name of Person Filling Out Form Brandon Hartison

Email of Person Filling Out Form chiefhartison@cedridge.net

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

58

Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- | | |
|--|--|
| <input type="checkbox"/> American Indian
or Alaska Native | <input type="checkbox"/> Black or African American |
| <input checked="" type="checkbox"/> Anglo or White | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Not Available |

4. DATE OF INCIDENT

Month 08 Day 25 Year 2015

5. LOCATION OF INCIDENT

Street address Us Hwy 82 Loop East of Hwy 37

City Clarksville

County Red River

Zip 75426

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

39

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- | | |
|--|--|
| <input type="checkbox"/> American Indian
or Alaska Native | <input type="checkbox"/> Black or African American |
| <input checked="" type="checkbox"/> Anglo or White | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Other |

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call Hit & Run

injuries to victim who was hit



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DATE OF REPORT 09/16/2015

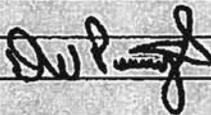
AGENCY/FACILITY INFORMATION

Name of Agency/Facility Freeport Police Department

Address 430 N Brazosport Blvd.

City Freeport Zip Code 77541

Telephone Number (979) 239-1211

Signature of Director of Agency/Facility (Required) 

Name of Person Filling Out Form Pamela Morris

Email of Person Filling Out Form pmorris@freeport.tx.us

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

30 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

27

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

4. DATE OF INCIDENT

Month 09 Day 02 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 1010 Magnolia Street

City Freeport

County Brazoria Zip 77541

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call narcotic stop and evading arrest



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/01/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Plano Police Department
Address 909 14th Street
City Plano Zip Code 75074
Telephone Number (972) 941-2423
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form Curtis Howard
Email of Person Filling Out Form curtish@plano.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

55 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month September Day 03 Year 2015

5. LOCATION OF INCIDENT

Street address 4840 E. Plano Parkway
City Plano
County Collin Zip 75074

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

30

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
 Hispanic or Latino
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

Accidental discharge ricochet during range activities resulting in minor injury.



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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/06/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Parker County Sheriff's Office

Address 129 Hogle St.

City Weatherford Zip Code 76086

Telephone Number (817) 594-8845

Signature of Director of Agency/Facility (Required) _____

Name of Person Filling Out Form Meredith Gray

Email of Person Filling Out Form meredith.gray@parkercountytexas.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

36 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month Sept. Day 04 Year 2015

5. LOCATION OF INCIDENT

Street address 101 Couch Ct.

City Springtown

County Parker Zip 76082

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

27/56

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

Investigation of criminal activity



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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 09/11/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON Zip Code 77002
Telephone Number (713) 308-3642
Signature of Director of Agency/Facility (Required) 
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

21 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

4. DATE OF INCIDENT

Month 09 Day 05 Year 2015

5. LOCATION OF INCIDENT

Street address 4926 CHENNAULT RD.
City HOUSTON
County HARRIS Zip 77033

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

28

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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DATE OF REPORT 10/15/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Irving Police Department

Address 305 N. O'Connor Road

City Irving Zip Code 75061

Telephone Number (972) 721-2471

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Michael Coleman

Email of Person Filling Out Form mcoleman@cityofirving.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

44 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Asian or Pacific Islander
- Hispanic or Latino
- Other
- Not Available

4. DATE OF INCIDENT

Month 09 Day 08 Year 2015

5. LOCATION OF INCIDENT

Street address 1500 Range Road

City DFW Airport

County Tarrant Zip 75261

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

38

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

~~Training Exercise~~ bullet fragments resulting in minor injury.



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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/01/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Alvin Police Department

Address 1500 South Gordon Street

City Alvin Zip Code 77511

Telephone Number (281) 388-4370

Signature of Director of Agency/Facility (Required)

Name of Person Filling Out Form Chief Robert E. Lee

Email of Person Filling Out Form rlee@cityofalvin.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other
- Not Available

4. DATE OF INCIDENT

Month 9 Day 13 Year 2015

5. LOCATION OF INCIDENT

Street address 300 block Galley Way

City Freeport

County Brazoria Zip 77541

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

30

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



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DATE OF REPORT 10/01/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Alvin Police Department
Address 1500 South Gordon Street
City Alvin Zip Code 77511
Telephone Number (281) 388-4370
Signature of Director of Agency/Facility (Required) 
Name of Person Filling Out Form Chief Robert E. Lee
Email of Person Filling Out Form ree@cityofalvin.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 9 Day 13 Year 2015

5. LOCATION OF INCIDENT

Street address 300 block Galley Way
City Freeport
County Brazoria Zip 77541

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

42

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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DATE OF REPORT 10/05/2015

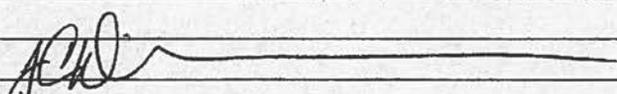
AGENCY/FACILITY INFORMATION

Name of Agency/Facility Pearland Police Department

Address 2555 Cullen Parkway

City Pearland Zip Code 77584

Telephone Number (281) 997-4100

Signature of Director of Agency/Facility (Required) 

Name of Person Filling Out Form Chief J.C. Doyle

Email of Person Filling Out Form cdoyle@pearlandtx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 9 Day 13 Year 2015

5. LOCATION OF INCIDENT

Street address 300 block Galley Way

City Freeport

County Brazoria Zip 77541

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

41

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



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DATE OF REPORT 10/13/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Galveston County Sheriff's Office

Address 601 54th Street

City Galveston Zip Code 77551

Telephone Number (409) 766-2300

Signature of Director of Agency/Facility (Required) Henry Trochesset Henry Trochesset, Sheriff

Name of Person Filling Out Form Darrell Isaacks, Major

Email of Person Filling Out Form darrell.isaacks@co.galveston.tx.us

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

51

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

4. DATE OF INCIDENT

Month 09 Day 13 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 327 Galley Way

City Freeport

County Brazoria Zip 77541

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)483-8912

DATE OF REPORT 10/07/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Texas Department of Public Safety

Address 12230 West Road

City Houston Zip Code 77065

Telephone Number (281) 517-1400

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Valentin Cenicerros, Texas Rangers

Email of Person Filling Out Form valentin.cenicerros@dps.texas.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29 years of age Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

43 years of age

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other

4. DATE OF INCIDENT

Month 09 Day 13 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 200 Galley Way

City Freeport

County Brazoria Zip 77541

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 9-17-15

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Balch Springs Police
Address 12500 Etam Rd.
City Balch Springs Zip Code 75180
Telephone Number 972-557-6007
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form Mark Maret
Email of Person Filling Out Form Maret239@balchspringspd.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

42

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

4. DATE OF INCIDENT

Month 9 Day 16 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 11513 Marriatt
City Balch Springs
County Dallas Zip 75180

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call Vicar dog

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/06/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Bexar County Constable Pct. 4
Address 2711 SE Loop 410
City San Antonio Zip Code 78222
Telephone Number (210) 335-4950
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form Sgt. Fernando Martinez #1410
Email of Person Filling Out Form fmartinez@bexar.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

22 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month September Day 18 Year 2015

5. LOCATION OF INCIDENT

Street address 5027 Pecan Grove
City San Antonio
County Bexar Zip 78222

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

48

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/06/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Bexar County Constable Pct. 4

Address 2711 SE Loop 410

City San Antonio Zip Code 78222

Telephone Number (210) 335-4950

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Sgt. Fernando Martinez #1410

Email of Person Filling Out Form fmartinez@bexar.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

22 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

47

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

4. DATE OF INCIDENT

Month September Day 18 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 5027 Pecan Grove

City San Antonio

County Bexar Zip 78222

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/06/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Bexar County Constable Pct. 4

Address 2711 SE Loop 410

City San Antonio Zip Code 78222

Telephone Number (210) 335-4950

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Sgt. Fernando Martinez #1410

Email of Person Filling Out Form fmartinez@bexar.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

22 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month September Day 18 Year 2015

5. LOCATION OF INCIDENT

Street address 5027 Pecan Grove

City San Antonio

County Bexar Zip 78222

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

38

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 09/22/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility El Paso Police Dept

Address 911 N Raynor

City El Paso

Zip Code 79905

Telephone Number (915) 212-4073

Signature of Director of Agency/Facility (Required) Sgt. Karen Kozal '380

Name of Person Filling Out Form Detective David Camacho #2689

Email of Person Filling Out Form 2689@elpasotexas.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

21 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

24

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

4. DATE OF INCIDENT

Month September Day 21 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 9030 Betel apartment complex

City El Paso

County El Paso Zip 79915

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call * CALL FOR service
- Burglary of vehicle in progress *

DC #2689
EPPD - 9/23/15



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 09/25/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Dallas Police Department

Address 1400 S. Lamar Street

City Dallas

Zip Code 75215

Telephone Number (214) 671-3654

Signature of Director of Agency/Facility (Required) _____

Name of Person Filling Out Form Sergeant E. Merritt #8112 *09/25/2015*

Email of Person Filling Out Form e.merritt@dps.dallascityhall.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

24

Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American

or Alaska Native

Hispanic or Latino

Anglo or White

Other

Asian or Pacific Islander

Not Available

4. DATE OF INCIDENT

Month September Day 21 Year 2015

5. LOCATION OF INCIDENT

Street address 10800 Stone Canyon Road

City Dallas

County Dallas

Zip _____

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon

Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

32

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian

Black or African American

or Alaska Native

Hispanic or Latino

Anglo or White

Other

Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance

Traffic stop

Execution of a warrant

Hostage, barricade, or other emergency situation

Other - Specify type of call _____

Officer working unrelated call when they heard gunshots, went to investigate. 2 Officers involved.



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 09/25/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Dallas Police Department

Address 1400 S. Lamar Street

City Dallas Zip Code 75215

Telephone Number (214) 671-3654

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Sergeant E. Merritt #8112 09/25/2015

Email of Person Filling Out Form e.merritt@dps.dallascityhall.com [Signature]

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

24 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month September Day 21 Year 2015

5. LOCATION OF INCIDENT

Street address 10800 Stone Canyon Road

City Dallas

County Dallas Zip _____

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

46

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

Officer working unrelated call when they heard gunshots, went to investigate. 2 Officers involved.



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/06/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Texas Department of Public Safety

Address 5805 N. Lamar Blvd.

City Austin Zip Code 78752-4431

Telephone Number (512) 424-2000

Signature of Director of Agency/Facility (Required) Steven C. McCraw

Name of Person Filling Out Form Lieutenant Ray Sappington

Email of Person Filling Out Form Ray.Sappington@dps.texas.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

21 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

39

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

4. DATE OF INCIDENT

Month 09 Day 21 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 800 Deshong Drive

City Paris

County Lamar Zip 75460

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call Checking on welfare of suspicious person



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463 9912

DATE OF REPORT 11/09/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility City of McKinney Police Department
 Address 2200 Taylor-Burk
 City McKinney Zip Code 75071
 Telephone Number (972) 547-2700
 Signature of Director of Agency/Facility (Required) _____
 Name of Person Filling Out Form Lieutenant Mark Moyle
 Email of Person Filling Out Form mmoyle@mckinneytexas.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

35 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 09 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1300 Eldorado Pkwy
 City McKinney
 County Collin Zip 75069

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

30

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/09/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility City of McKinney Police Department

Address 2200 Taylor-Burk

City McKinney Zip Code 75071

Telephone Number (972) 547-2700

Signature of Director of Agency/Facility (Required) _____

Name of Person Filling Out Form Lieutenant Mark Moyle

Email of Person Filling Out Form mmoyle@mckinneytexas.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

35 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month 09 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1300 Eldorado Pkwy

City McKinney

County Collin Zip 75069

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

25

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/12/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Port Arthur Police Department
Address POB 1089
City Port Arthur Zip Code 77641
Telephone Number (409) 983-8614
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form Sgt. Ken Carona
Email of Person Filling Out Form kcarona@portarthurpd.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

52 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month 09 Day 24 Year 2015

5. LOCATION OF INCIDENT

Street address 942 West Gulfway Dr.
City Port Arthur
County Jefferson Zip 77640

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

39

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

Burglary of the officers home



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/08/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Arlington Police Department
Address 620 W. Division Street
City Arlington, Texas Zip Code 76011
Telephone Number (817) 459-5667
Signature of Director of Agency/Facility (Required) [Signature] 10/9/15
Name of Person Filling Out Form Sergeant Lewis Coggeshall #1360
Email of Person Filling Out Form lewis.coggeshall@arlingtontx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE/AT TIME OF INCIDENT?

38 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month September Day 25 Year 2015

5. LOCATION OF INCIDENT

Street address 500 N. Cooper Street
City Arlington, Texas
County Tarrant Zip 76012

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

54

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

Felony traffic stop of Armed Robbery Suspect.



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/08/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Arlington Police Department
Address 620 W. Division Street
City Arlington, Texas Zip Code 76011
Telephone Number (817) 459-5667
Signature of Director of Agency/Facility (Required) [Signature] 10/9/15
Name of Person Filling Out Form Sergeant Lewis Coggeshall #1360
Email of Person Filling Out Form lewis.coggeshall@arlingtontx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

38 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month September Day 25 Year 2015

5. LOCATION OF INCIDENT

Street address 500 N. Cooper Street
City Arlington, Texas
County Tarrant Zip 76012

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

32

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call Felony traffic stop of Armed Robbery Suspect.



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/08/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Arlington Police Department

Address 620 W. Division Street

City Arlington, Texas Zip Code 76011

Telephone Number (817) 459-5667

Signature of Director of Agency/Facility (Required) [Signature] 10/9/15

Name of Person Filling Out Form Sergeant Lewis Coggeshall #1360

Email of Person Filling Out Form lewis.coggeshall@arlingtontx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

38 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month September Day 25 Year 2015

5. LOCATION OF INCIDENT

Street address 2700 W. Division Street

City Arlington, Texas

County Tarrant Zip 76012

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

45

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call Active shooter fleeing from and shooting at Police Officers.



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-8812

DATE OF REPORT 12/10/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Town of Ponder Police Department

Address _____

City 405 Shaffner Street Zip Code 76259

Telephone Number (940) 479-2398

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Toby Crow

Email of Person Filling Out Form tcrow@pondertx.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

41 years Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month 09 Day 27 Year 2015

5. LOCATION OF INCIDENT

Street address 600 block of Robinson Road

City Ponder

County Denton Zip 76259

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

34 years

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

Officer initiated call



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/15/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Rockwall County Sheriff's Office
Address 972 T.L. Townsend Drive
City Rockwall Zip Code 75087
Telephone Number (972) 204-7001
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form Lt. Greg Welch
Email of Person Filling Out Form gwelch@co.rockwall.tx.us

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

49 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month September Day 30 Year 2015

5. LOCATION OF INCIDENT

Street address 972 T.L. Townsend Drive
City Rockwall
County Rockwall Zip 75087

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

33

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call Accidental Discharge



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)483-9912

DATE OF REPORT 12/01/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Randall County Sheriff's Office

Address 9100 S. Georgia

City Amarillo Zip Code 79118

Telephone Number (806) 468-5800

Signature of Director of Agency/Facility (Required) *Paul W. Richardson*

Name of Person Filling Out Form Captain Chris Forbis

Email of Person Filling Out Form cforbis@rc-sheriff.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other
- Not Available

4. DATE OF INCIDENT

Month 10 Day 02 Year 2015

5. LOCATION OF INCIDENT

Street address 14800 XIT Trail

City Amarillo

County Randall Zip 79118

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

32

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/01/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Randall County Sheriff's Office

Address 9100 S. Georgia

City Amarillo

Zip Code 79118

Telephone Number (806) 468-5800

Signature of Director of Agency/Facility (Required) _____

Name of Person Filling Out Form Captain Chris Forbis

Email of Person Filling Out Form cforbis@rc-sheriff.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29

Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license/application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other
- Not Available

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

28

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

- (Mark only one)
- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

4. DATE OF INCIDENT

Month 10 Day 02 Year 2015

5. LOCATION OF INCIDENT

Street address 14800 XIT Trail

City Amarillo

County Randall Zip 79118

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/09/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility MIDLAND COUNTY SHERIFF'S OFFICE

Address 400 SOUTH MAIN

City MIDLAND Zip Code 79701

Telephone Number (432) 688-4600

Signature of Director of Agency/Facility (Required) *Mary Smith, Sheriff*

Name of Person Filling Out Form LT. DONALD GRAHAM

Email of Person Filling Out Form SOPAT104@CO.MIDLAND.TX.US

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

22 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month 10 Day 03 Year 2015

5. LOCATION OF INCIDENT

Street address 5300 BLK THOMASON

City MIDLAND

County MIDLAND Zip 79703

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

58

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Anglo or White
- Hispanic or Latino
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

Investigation of criminal activity



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/12/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Hurst Police Department

Address 825-A Thousand Oaks Drive

City Hurst Zip Code 76054

Telephone Number (817) 788-7125

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Steve Niekamp- Assistant Chief of Police

Email of Person Filling Out Form Sniekamp@hursttx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

51 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other
- Not Available

4. DATE OF INCIDENT

Month October Day 05 Year 2015

5. LOCATION OF INCIDENT

Street address 1304 West Redbud

City Hurst

County Tarrant Zip 76053

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

30

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/13/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Sonora Police Department

Address 609 S. Water Avenue

City Sonora Zip Code 76950

Telephone Number (325) 387-3888

Signature of Director of Agency/Facility (Required) *William R. Dudley*

Name of Person Filling Out Form Melissa Fuentes, Administrative Assistant

Email of Person Filling Out Form sonorapd@sonora-texas.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

39 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month October Day 08 Year 2015

5. LOCATION OF INCIDENT

Street address 417 HWY 277 N

City Sonora

County Sutton Zip 76950

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

63

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/12/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON Zip Code 77002
Telephone Number (713) 308-3642
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

15 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

54

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

4. DATE OF INCIDENT

Month 10 Day 08 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address Protected By Law
City Houston
County Harris Zip 77019

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call Attempted Robbery of Police Officer

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/16/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT

Address 1200 TRAVIS

City HOUSTON Zip Code 77002

Telephone Number (713) 308-3642

Signature of Director of Agency/Facility (Required)

Name of Person Filling Out Form SERGEANT ODON BELMAREZ

Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

22 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month 10 Day 09 Year 2015

5. LOCATION OF INCIDENT

Street address 777 Bateswood Dr

City Houston

County Harris Zip 77079

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

53

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/27/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
 Address 1200 TRAVIS
 City HOUSTON Zip Code 77002
 Telephone Number (713) 308-3642
 Signature of Director of Agency/Facility (Required) 
 Name of Person Filling Out Form SERGEANT ODON BELMAREZ
 Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

22 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian
 or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month 10 Day 15 Year 2015

5. LOCATION OF INCIDENT

Street address 7844 W. TIDWELL RD
 City Houston
 County Harris Zip 77040

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

49,40,35

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian
 or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call Robbery Sting Operation, 3 officers discharged firearm



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/27/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON Zip Code 77002
Telephone Number (713) 308-3642
Signature of Director of Agency/Facility (Required)
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

20 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

49,40,35

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

4. DATE OF INCIDENT

Month 10 Day 15 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 7844 W. TIDWELL RD
City Houston
County Harris Zip 77040

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call Robbery Sting Operation, 3 officers discharged firearm

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

~~Robbery Sting Operation, 3 officers discharged firearm~~



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/27/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON Zip Code 77002
Telephone Number (713) 308-3642
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

27 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 10 Day 16 Year 2015

5. LOCATION OF INCIDENT

Street address 913 Panama
City Houston
County Harris Zip 77009

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

52

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)

American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/26/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Terrell Police Department

Address PO Box 310/201 E. Nash St.

City Terrell Zip Code 75160

Telephone Number (972) 551-6622

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Sgt. S.A. Kepner

Email of Person Filling Out Form skepner@cityofterrell.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

64 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license/application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American

or Alaska Native Hispanic or Latino

Anglo or White Other

Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 10 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 15187 County Road 236

City Terrell

County Kaufman Zip 75160

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon

Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

29

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian Black or African American

or Alaska Native Hispanic or Latino

Anglo or White Other

Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance

Traffic stop

Execution of a warrant

Hostage, barricade, or other emergency situation

Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/29/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Texas Department of Public Safety

Address 5805 North Lamar Boulevard

City Austin Zip Code 78752

Telephone Number (512) 424-2000

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Kyle Edwards, Captain CID

Email of Person Filling Out Form Kyle.Edwards@dps.texas.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

55 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other
- Not Available

4. DATE OF INCIDENT

Month October Day 29 Year 2015

5. LOCATION OF INCIDENT

Street address CR190, 1/2 mile West on FM 651.

City Three (3) miles South of Crosbyton

County Crosby Zip 79322

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

28

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/02/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Corpus Christi Police Department
 Address 321 John Sartain
 City Corpus Christi Zip Code Texas
 Telephone Number (361) 886-2800
 Signature of Director of Agency/Facility (Required) [Signature] 1789
 Name of Person Filling Out Form S/O Robert Burton #6860
 Email of Person Filling Out Form RobertsB@cctexas.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

20 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

4. DATE OF INCIDENT

Month 10 Day 30 Year 2015

5. LOCATION OF INCIDENT

Street address 6313 Saint Denis
 City Corpus Christi
 County Nueces Zip 78414

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

40

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/02/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Dallas Police Department

Address 1400 South Lamar Street

City Dallas Zip Code 75215

Telephone Number (214) 671-3654

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Sergeant E. Merritt #8112

Email of Person Filling Out Form e.merritt@dpd.dallascityhall.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

66 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other
- Not Available

4. DATE OF INCIDENT

Month October Day 30 Year 2015

5. LOCATION OF INCIDENT

Street address 4243 Polk Street

City Dallas

County Dallas Zip 75224

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

38

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

Disturbance. Officer is Department of Veterans Affairs.



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/02/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Mesquite Police Department

Address 777 N. Galloway Ave.

City Mesquite Zip Code 75149

Telephone Number (972) 216-6759

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Sgt. B. Meyer # 804

Email of Person Filling Out Form bmeyer@mesquitelice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American

or Alaska Native Hispanic or Latino

Anglo or White Other

Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 10 Day 30 Year 2015

5. LOCATION OF INCIDENT

Street address 18600 IH 635

City Mesquite

County Dallas Zip 75150

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon

Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

33

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian Black or African American

or Alaska Native Hispanic or Latino

Anglo or White Other

Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance

Traffic stop

Execution of a warrant

Hostage, barricade, or other emergency situation

Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/02/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Mesquite Police Department
Address 777 N. Galloway Ave.
City Mesquite Zip Code 75149
Telephone Number (972) 216-6759
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form Sgt. B. Meyer # 804
Email of Person Filling Out Form bmeyer@mesquitelaplice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native Black or African American
 Anglo or White Hispanic or Latino
 Asian or Pacific Islander Other
 Not Available

4. DATE OF INCIDENT

Month 10 Day 30 Year 2015

5. LOCATION OF INCIDENT

Street address 18600 IH 635
City Mesquite
County Dallas Zip 75150

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

32

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)
 American Indian or Alaska Native Black or African American
 Anglo or White Hispanic or Latino
 Asian or Pacific Islander Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/06/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Texas Department of Public Safety

Address 5805 N. Lamar Blvd.

City Austin Zip Code 78752

Telephone Number (512) 424-2000

Signature of Director of Agency/Facility (Required) *Steven C. McBrann*

Name of Person Filing Out Form Richard Zaborowski, Sergeant

Email of Person Filing Out Form richard.zaborowski@dps.texas.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month October Day 30 Year 2015

5. LOCATION OF INCIDENT

Street address 18400 LBJ Fwy.

City Mesquite

County Dallas Zip 75150

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

32

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other -- Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/10/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON Zip Code 77002
Telephone Number (713) 308-3642
Signature of Director of Agency/Facility (Required) *El Montalvo Acting Chief of Police*
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

24 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

40, 35

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

4. DATE OF INCIDENT

Month 10 Day 30 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 13630 Veterans Memorial
City Houston
County Harris Zip 77014

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call ROBBERY STING

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

ROBBERY STING



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/10/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON Zip Code 77002
Telephone Number (713) 308-3642
Signature of Director of Agency/Facility (Required) [Signature] Acting Chief of Police
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

25 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month 10 Day 30 Year 2015

5. LOCATION OF INCIDENT

Street address 13630 Veterans Memorial
City Houston
County Harris Zip 77014

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

40, 35

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call ROBBERY STING



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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/10/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON Zip Code 77002
Telephone Number (713) 308-3642
Signature of Director of Agency/Facility (Required) [Signature] Active Chief of Police
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

24 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

40, 35

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

4. DATE OF INCIDENT

Month 10 Day 30 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 13630 Veterans Memorial
City Houston
County Harris Zip 77014

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call ROBBERY STING

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/02/2015

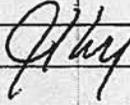
AGENCY/FACILITY INFORMATION

Name of Agency/Facility Terrell Police Department

Address PO Box 310/201 E. Nash St.

City Terrell Zip Code 75160

Telephone Number (972) 551-6622

Signature of Director of Agency/Facility (Required) 

Name of Person Filling Out Form Sgt. S.A. Kepner

Email of Person Filling Out Form skepner@cityofterrell.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

28 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other
- Not Available

4. DATE OF INCIDENT

Month 10 Day 31 Year 2015

5. LOCATION OF INCIDENT

Street address 300 Wall Street

City Terrell

County Kaufman Zip 75160

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

41

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/06/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Waco Police Department
Address 3115 Pine Avenue
City Waco Zip Code 76708
Telephone Number (254) 750-7500
Signature of Director of Agency/Facility (Required) *[Signature]*
Name of Person Filling Out Form V.R. Price, Jr., Sergeant
Email of Person Filling Out Form jprice@wacotx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

25 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month October Day 31 Year 2015

5. LOCATION OF INCIDENT

Street address 4000 N. 19th Street
City Waco
County McLennan Zip 76708

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

41

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/10/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT

Address 1200 TRAVIS

City HOUSTON Zip Code 77002

Telephone Number (713) 308-3642

Signature of Director of Agency/Facility (Required) [Signature] Acting Chief of Police

Name of Person Filling Out Form SERGEANT ODON BELMAREZ

Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

56 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other
- Not Available

4. DATE OF INCIDENT

Month 11 Day 04 Year 2015

5. LOCATION OF INCIDENT

Street address 3200 DREW

City HOUSTON

County HARRIS Zip 77004

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

28

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art 2.139 Code of Criminal Procedure

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/09/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Dallas Police Department
 Address 1400 S. Lamar Street
 City Dallas Zip Code 75215
 Telephone Number (214) 671-3654
 Signature of Director of Agency/Facility (Required) *[Signature]*
 Name of Person Filling Out Form Sergeant E. Merritt #8112
 Email of Person Filling Out Form e.merritt@dpd.dallascityhall.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month November Day 09 Year 2015

5. LOCATION OF INCIDENT

Street address 2435 W. Northwest Hwy
 City Dallas
 County Dallas Zip 75220

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

44

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

- (Mark only one)
 American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

~~Off Duty security job at a night club, suspect ran over this officer with vehicle~~



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art 2.139 Code of Criminal Procedure

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/09/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Dallas Police Department

Address 1400 S. Lamar Street

City Dallas

Zip Code 75215

Telephone Number (214) 671-3654

Signature of Director of Agency/Facility (Required) M.A. Merritt

Name of Person Filling Out Form Sergeant E. Merritt #8112

Email of Person Filling Out Form e.merritt@dpd.dallascityhall.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29

Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Asian or Pacific Islander
- Hispanic or Latino
- Other
- Not Available

4. DATE OF INCIDENT

Month November Day 09 Year 2015

5. LOCATION OF INCIDENT

Street address 2435 W. Northwest Hwy

City Dallas

County Dallas Zip 75220

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

30

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Asian or Pacific Islander
- Hispanic or Latino
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call Off Duty security job at a night club, suspect ran over other officer with vehicle



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art 2.139 Code of Criminal Procedure

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/09/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Dallas Police Department

Address 1400 S. Lamar Street

City Dallas

Zip Code 75215

Telephone Number (214) 671-3654

Signature of Director of Agency/Facility (Required) M.P. [Signature]

Name of Person Filling Out Form Sergeant E. Merritt #8112

Email of Person Filling Out Form e.merritt@dpd.dallascityhall.com

11/10/2015

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

29

Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

31

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

4. DATE OF INCIDENT

Month November Day 09 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 2435 W. Northwest Hwy

City Dallas

County Dallas Zip 75220

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call Off Duty security job at a night club, suspect ran over other officer with vehicle

Off Duty security job at a night club, suspect ran over other officer with vehicle



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/13/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Laredo Police Department

Address 4712 Maher Ave.

City Laredo Zip Code 78041

Telephone Number (956) 795-2800

Signature of Director of Agency/Facility (Required) *Ricardo E. Gonzalez*

Name of Person Filling Out Form Lt. Ricardo Gonzalez

Email of Person Filling Out Form rgonzalez3@ci.laredo.tx.us

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

25 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month 11 Day 09 Year 2015

5. LOCATION OF INCIDENT

Street address 11119 Kirby Dr. Apt. #: 211

City Laredo

County Webb Zip 78041

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

29

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

B.#.
DATE OF REPORT 12/09/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Comal County Sheriffs Office
Address 3005 W San Antonio Street
City New Braunfels TX, Zip Code 78130
Telephone Number (830) 620-3400
Signature of Director of Agency/Facility (Required) Bob Harker, SHERIFF
Name of Person Filling Out Form Detective Chris Garza
Email of Person Filling Out Form garzac@co.comal.tx.us

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

34 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 11 Day 09 Year 2015

5. LOCATION OF INCIDENT

Street address 421 Rambling Drive
City Canyon Lake
County Comal Zip 78130

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

36

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/16/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Texas Department of Public Safety

Address 204 East Saint Mary

City Centerville Zip Code 75833

Telephone Number (903) 536-2275

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Gary Pete Rudisill

Email of Person Filling Out Form gary.rudisill@dps.texas.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

28 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other
- Not Available

4. DATE OF INCIDENT

Month 11 Day 16 Year 2016 ²⁰¹⁵ _{DZF}

5. LOCATION OF INCIDENT

Street address SH-7 @ Trinity River Bridge

City Centerville

County Leon Zip 75833

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

27

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/24/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Harlingen Police Department

Address 1018 Fairpark Blvd

City Harlingen Zip Code 78550

Telephone Number (956) 216-5401

Signature of Director of Agency/Facility (Required) _____

Name of Person Filling Out Form Detective Joel Yanes

Email of Person Filling Out Form jyanes@harlingenpolice.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

32 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month November Day 16 Year 2015

5. LOCATION OF INCIDENT

Street address 2500 Chuparosa Court

City Harlingen

County Cameron Zip 78550

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

28

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Asian or Pacific Islander
- Hispanic or Latino
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another " Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/03/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Leon County Sheriff's Office

Address P.O. Box 278

City Centerville Zip Code 75833

Telephone Number (903) 536-2749

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Peggy Ivey

Email of Person Filling Out Form peggy.ivey@co.leon.tx.us

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

28 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other
- Not Available

4. DATE OF INCIDENT

Month 11 Day 16 Year 2015

5. LOCATION OF INCIDENT

Street address Hwy 7 East

City Centerville

County Leon Zip 75833

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

43

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 11/30/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Longview Police Department

Address P.O. Box 1952

City Longview Zip Code 75606

Telephone Number (903) 237-1199

Signature of Director of Agency/Facility (Required) Michael D. Bishop, Chief of Police

Name of Person Filling Out Form Russell Washburn

Email of Person Filling Out Form rwashburn@longviewtexas.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

35 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month November Day 17 Year 2015

5. LOCATION OF INCIDENT

Street address 445 Forest Square

City Longview

County Gregg Zip 75605

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

30

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call Call for service, Burglary Alarm



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/03/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Weatherford Police Department
 Address 801 Santa Fe Dr.
 City Weatherford, Texas Zip Code 76086
 Telephone Number (817) 598-4300
 Signature of Director of Agency/Facility (Required) *R. Smith*
 Name of Person Filling Out Form David Smith, Commander
 Email of Person Filling Out Form dsmith@weatherfordtx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?
 Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?
41 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)
 American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT
 Month 11 Day 17 Year 2015

5. LOCATION OF INCIDENT
 Street address 5100 Bethel Road
 City Weatherford, Texas
 County Parker Zip 76086

6. INCIDENT RESULTED IN:
 Injury Death

7. INJURED OR DECEASED PERSON:
 Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?
 Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
28

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
(Mark only one)
 American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:
 On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
 Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
 Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/06/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility San Antonio Police Dept
Address 315 S Santa Rosa
City San Antonio Zip Code 78207
Telephone Number (210) 207-7635
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form Det. A. Howard 2063
Email of Person Filling Out Form andrew.howard@sanantonio.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

23 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month November Day 17 Year 2015

5. LOCATION OF INCIDENT

Street address 4001 Sun Harbour Dr
City San Antonio
County Bexar Zip 78244

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

31

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

- (Mark only one)
 American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

Patrol by as requested by homeowner



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-8912

DATE OF REPORT 11/21/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Potter County Sheriff Department

Address 608 S. Pierce

City Amarillo, Texas

Zip Code 79101

Telephone Number (806) 379-2900

Signature of Director of Agency/Facility (Required)

David Hagler Sheriff

Name of Person Filling Out Form Sgt David Hagler #337

Email of Person Filling Out Form david.hagler@amarillo.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

45 years old

Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver's license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month November Day 21 Year 2015

5. LOCATION OF INCIDENT

Street address 5201 Royce

City Amarillo, Texas

County Randall Zip 79110

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

59 years old

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

- (Mark only one)
 American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

Suspect and accomplice were burglarizing the victim's shed at 6:00am. Victim confronted the suspect and his accomplice. Victim was armed with a pistol. The suspect rushed the victim and the victim fired his pistol once, hitting the suspect in the upper body. After being shot the suspect and his accomplice ran from the scene. Both were apprehended later by officers.



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/16/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Comal County Sheriff's Office

Address 3005 W. San Antonio St.

City New Braunfels Zip Code 78130

Telephone Number (830) 643-6699

Signature of Director of Agency/Facility (Required) Bob Holden, SHERIFF

Name of Person Filling Out Form Detective Doug Phillips # 319

Email of Person Filling Out Form soaddp@co.comal.tx.us

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

38 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American

or Alaska Native

Hispanic or Latino

Anglo or White

Other

Asian or Pacific Islander

Not Available

4. DATE OF INCIDENT

Month 11 Day 21 Year 2015

5. LOCATION OF INCIDENT

Street address 1933 N. IH 35

City New Braunfels

County Comal Zip 78130

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon

Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

45

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian

Black or African American

or Alaska Native

Hispanic or Latino

Anglo or White

Other

Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance

Traffic stop

Execution of a warrant

Hostage, barricade, or other emergency situation

Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-8912

DATE OF REPORT 12/08/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Corpus Christi Police Department
 Address 321 John Sartain
 City Corpus Christi Zip Code 78401
 Telephone Number (361) 886-2600
 Signature of Director of Agency/Facility (Required) [Signature]
 Name of Person Filling Out Form Lieutenant Henry Mangum
 Email of Person Filling Out Form HenryM@cctexas.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

49 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

4. DATE OF INCIDENT

Month November Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 5030 Concord
 City Corpus Christi
 County Nueces Zip 78415

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

33

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512) 463-8912

DATE OF REPORT 11/30/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Seagoville Police Department

Address 600 N US Highway 175

City Seagoville

Zip Code 75159

Telephone Number (972) 287-2999

Signature of Director of Agency/Facility (Required)

Name of Person Filling Out Form Stephen Davis

Email of Person Filling Out Form sdavis@seagoville.us

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

50 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

51

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

4. DATE OF INCIDENT

Month November Day 28 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 607 Fran Street

City Seagoville

County Dallas Zip 75159

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/09/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility JAL POLICE DEPARTMENT
Address 3421 STATE ROAD 18 JAL NM P.O. DRAWER W
City JAL , NEW MEXICO Zip Code 88252
Telephone Number (575) 395-2501
Signature of Director of Agency/Facility (Required) *Mauricio Valeriano*
Name of Person Filling Out Form MAURICIO VALERIANO
Email of Person Filling Out Form m.valeriano@cityofjal.us

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

31 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

4. DATE OF INCIDENT

Month November Day 30 Year 2015

5. LOCATION OF INCIDENT

Street address HWY 115
City _____
County Winkler County Zip 79745

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

36

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/03/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Texas Department of Public Safety

Address 5805 N. Lamar

City Austin Zip Code 78773

Telephone Number (512) 424-2000

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Lt. Laurance P. Adams

Email of Person Filling Out Form laurance.adams@dps.texas.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

32 YOA Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

30 YOA

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

4. DATE OF INCIDENT

Month 12 Day 02 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address TX 16; .4 mile N. of Atascosa Co.

City _____

County Bexar Zip _____

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-8912

DATE OF REPORT 12/05/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Irving Police Department

Address 305 N. O'Connor Road

City Irving Zip Code 75061

Telephone Number (972) 721-2471

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Michael Coleman

Email of Person Filling Out Form mcoleman@cityofirving.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

24 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

35

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

4. DATE OF INCIDENT

Month 12 Day 05 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 600 block Jeff Ct.

City Irving

County Dallas Zip 75060

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

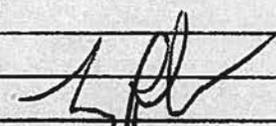
As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/10/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Smith County Sheriff's Office
Address 227 N. Spring Ave
City Tyler Zip Code 75702
Telephone Number (903) 590-2720
Signature of Director of Agency/Facility (Required) 
Name of Person Filling Out Form Robert Carlson, Chief Deputy
Email of Person Filling Out Form rcarlson@smith-county.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

25 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 12 Day 09 Year 2015

5. LOCATION OF INCIDENT

Street address 13070 CR 411
City Tyler
County Smith Zip 75706

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

32

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other -- Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/14/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Big Spring Police Department
Address 3613 W. Hwy 80
City Big Spring Zip Code 79720
Telephone Number (432) 264-2559
Signature of Director of Agency/Facility (Required) *Chad Williams*
Name of Person Filling Out Form Chad Williams
Email of Person Filling Out Form cwilliams@bigspringpd.net

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

43 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

4. DATE OF INCIDENT

Month December Day 10 Year 2015

5. LOCATION OF INCIDENT

Street address 901 Runnels
City Big Spring
County Howard Zip 79720

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

25

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)483-9912

DATE OF REPORT 12/14/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility El Paso Police Department

Address 911 N. Raynor

City El Paso Zip Code 79903

Telephone Number (915) 212-4000

Signature of Director of Agency/Facility (Required) [Signature] #1037 -- CRIMES AGAINST PERSONS SEC.

Name of Person Filling Out Form Detective Carlos Armendariz #2719

Email of Person Filling Out Form 2719@elpasotexas.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

57 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander
- Not Available

4. DATE OF INCIDENT

Month December Day 11 Year 2015

5. LOCATION OF INCIDENT

Street address 700 S. Zaragoza RD SB

City El Paso

County El Paso Zip 79903

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

47

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian
- Black or African American
- or Alaska Native
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/21/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT

Address 1200 TRAVIS

City HOUSTON Zip Code 77002

Telephone Number (713) 308-3642

Signature of Director of Agency/Facility (Required) *[Signature]*

Name of Person Filling Out Form SERGEANT ODON BELMAREZ

Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

35 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

47

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other
- Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

4. DATE OF INCIDENT

Month 12 Day 12 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 10079 BRIARWILD

City HOUSTON

County HARRIS Zip 77080

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Small or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/15/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility University of North Texas Police Department
Address 1700 Wilshire Street
City Denton, Texas Zip Code 76201
Telephone Number (940) 565-3003
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form West Gilbreath
Email of Person Filling Out Form West.gilbreath@unt.edu

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

21 Years old Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native Black or African American
 Anglo or White Hispanic or Latino
 Asian or Pacific Islander Other
 Not Available

4. DATE OF INCIDENT

Month 12 Day 13 Year 2015

5. LOCATION OF INCIDENT

Street address 1300 W. Oak St., Denton, Texas
City Denton, Texas
County Denton Zip 76201

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

27 Years of Age

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native Black or African American
 Anglo or White Hispanic or Latino
 Asian or Pacific Islander Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/15/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Arlington Police Department
Address 620 West Division St.
City Arlington Zip Code 76010
Telephone Number (817) 459-5600
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form Sergeant Curtis Petties
Email of Person Filling Out Form Curtis.Petties@arlingtontx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

51 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 12 Day 13 Year 2015

5. LOCATION OF INCIDENT

Street address 703 East Mitchell Street
City Arlington
County Tarrant Zip 76010

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

33

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

Suicidal subject with a firearm



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/15/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Arlington Police Department
Address 620 West Division St.
City Arlington Zip Code 76010
Telephone Number (817) 459-5600
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form Sergeant Curtis Petties
Email of Person Filling Out Form Curtis.Petties@arlingtontx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

51 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 12 Day 13 Year 2015

5. LOCATION OF INCIDENT

Street address 703 East Mitchell Street
City Arlington
County Tarrant Zip 76010

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

32

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian Black or African American
or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

Suicidal subject with a firearm



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/30/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Fort Worth Police Department
Address 350 West Belknap Street
City Fort Worth, Texas Zip Code 76102
Telephone Number (817) 392-4300
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form Detective A.L. Fincher
Email of Person Filling Out Form alison.fincher@fortworthtexas.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

34 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month December Day 19 Year 2015

5. LOCATION OF INCIDENT

Street address 3749 Friendsway Drive
City Fort Worth
County Tarrant Zip 76137

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

28

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/21/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Amarillo Police Department

Address 200 SE 3rd

City Amarillo

Zip Code 79101

Telephone Number (806) 378-9463

Signature of Director of Agency/Facility (Required) X Chief Taylor

Name of Person Filling Out Form Sgt. Chris Sheffield

Email of Person Filling Out Form chris.sheffield@amarillo.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

31

Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American

or Alaska Native

Hispanic or Latino

Anglo or White

Other

Asian or Pacific Islander

Not Available

4. DATE OF INCIDENT

Month 12 Day 20 Year 2015

5. LOCATION OF INCIDENT

Street address 833 S Travis

City Amarillo

County Potter

Zip 79102

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon

Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

32

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian

Black or African American

or Alaska Native

Hispanic or Latino

Anglo or White

Other

Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance

Traffic stop

Execution of a warrant

Hostage, barricade, or other emergency situation

Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/21/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Amarillo Police Department

Address 200 SE 3rd

City Amarillo

Zip Code 79101

Telephone Number (806) 378-9463

Signature of Director of Agency/Facility (Required) [Signature]

Name of Person Filling Out Form Sgt. Chris Sheffield

Email of Person Filling Out Form chris.sheffield@amarillo.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

31

Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

4. DATE OF INCIDENT

Month 12 Day 20 Year 2015

5. LOCATION OF INCIDENT

Street address 833 S. Travis

City Amarillo

County Potter Zip 79102

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

34

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

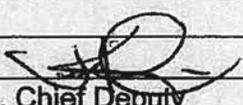
As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/22/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Nueces County Sheriff's Office
Address 901 Leopard
City Corpus Christi Zip Code 78401
Telephone Number (361) 887-2222
Signature of Director of Agency/Facility (Required) 
Name of Person Filling Out Form Daniel Perez, Asst. Chief Deputy
Email of Person Filling Out Form daniel.perez@nuecesco.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

21 yrs Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 12 Day 21 Year 2015

5. LOCATION OF INCIDENT

Street address 14601 Red River Drive
City Corpus Christi
County Nueces Zip 78410

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

28 yrs

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian Black or African American
 or Alaska Native Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call Reports of shots heard and yelling



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9812

DATE OF REPORT 01/05/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Odessa Police Department
Address 205 N. Grant Ave.
City Odessa Zip Code 79761
Telephone Number (432) 333-3641
Signature of Director of Agency/Facility (Required)
Name of Person Filling Out Form Sergeant David Lara
Email of Person Filling Out Form dlara@odessa-tx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

27 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other
- Not Available

4. DATE OF INCIDENT

Month 12 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1025 Custer Ave.
City Odessa
County Ector Zip 79761

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

42

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 01/05/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Odessa Police Department

Address 205 N. Grant Ave.

City Odessa

Zip Code 79761

Telephone Number (432) 333-3641

Signature of Director of Agency/Facility (Required) 

Name of Person Filling Out Form Sergeant David Lara

Email of Person Filling Out Form dlara@odessa-tx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

27

Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

4. DATE OF INCIDENT

Month 12 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1025 Custer Ave.

City Odessa

County Ector Zip 79761

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

27

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 01/06/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Odessa Police Department
Address 205 N. Grant Ave.
City Odessa Zip Code 79761
Telephone Number (432) 333-3641
Signature of Director of Agency/Facility (Required)
Name of Person Filling Out Form Sergeant David Lara
Email of Person Filling Out Form dlara@odessa-tx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

27 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

4. DATE OF INCIDENT

Month 12 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1025 Custer Ave.
City Odessa
County Ector Zip 79761

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

24

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)

American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-8812

DATE OF REPORT 01/05/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Odessa Police Department
Address 205 N. Grant Ave.
City Odessa Zip Code 79761
Telephone Number (432) 333-3641
Signature of Director of Agency/Facility (Required)
Name of Person Filling Out Form Sergeant David Lara
Email of Person Filling Out Form dlara@odessa-tx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

27 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

- American Indian or Alaska Native
- Black or African American
- Anglo or White
- Hispanic or Latino
- Asian or Pacific Islander
- Other
- Not Available

4. DATE OF INCIDENT

Month 12 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1025 Custer Ave.
City Odessa
County Ector Zip 79761

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

- Carried, exhibited or used a deadly weapon
- Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

28

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- American Indian or Alaska Native
- Black or African American
- Hispanic or Latino
- Anglo or White
- Other
- Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- Emergency Call or Request for Assistance
- Traffic stop
- Execution of a warrant
- Hostage, barricade, or other emergency situation
- Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 01/05/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Odessa Police Department
 Address 205 N. Grant Ave.
 City Odessa Zip Code 79761
 Telephone Number (432) 333-3641
 Signature of Director of Agency/Facility (Required) 
 Name of Person Filling Out Form Sergeant David Lara
 Email of Person Filling Out Form dlara@odessa-tx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

27 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

4. DATE OF INCIDENT

Month 12 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1025 Custer Ave.
 City Odessa
 County Ector Zip 79761

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

41

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Small or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 01/05/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Odessa Police Department
Address 205 N. Grant Ave.
City Odessa Zip Code 79761
Telephone Number (432) 333-3641
Signature of Director of Agency/Facility (Required)
Name of Person Filling Out Form Sergeant David Lara
Email of Person Filling Out Form dlara@odessa-tx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?
 Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?
 Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?
27 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
40

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
(Mark one based on information reported on state driver license/application, state identification card application, or other government reported identification if available and known, if not available, mark not available.)
 American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander
 Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
(Mark only one)
 American Indian or Alaska Native
 Black or African American
 Hispanic or Latino
 Anglo or White
 Other
 Asian or Pacific Islander

4. DATE OF INCIDENT
Month 12 Day 23 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:
 On Duty Off Duty

5. LOCATION OF INCIDENT
Street address 1025 Custer Ave.
City Odessa
County Ector Zip 79761

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
 Yes No

6. INCIDENT RESULTED IN:
 Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
 Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

7. INJURED OR DECEASED PERSON:
 Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

1 of 8



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9812

DATE OF REPORT 01/05/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Odessa Police Department

Address 205 N. Grant Ave.

City Odessa

Zip Code 79761

Telephone Number (432) 333-3641

Signature of Director of Agency/Facility (Required) 

Name of Person Filling Out Form Sergeant David Lara

Email of Person Filling Out Form dlara@odessa-tx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

27

Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver's license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian Black or African American

or Alaska Native

Hispanic or Latino

Anglo or White

Other

Asian or Pacific Islander

Not Available

4. DATE OF INCIDENT

Month 12 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1025 Custer Ave.

City Odessa

County Ector Zip 79761

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon

Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

26

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian

Black or African American

or Alaska Native

Hispanic or Latino

Anglo or White

Other

Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance

Traffic stop

Execution of a warrant

Hostage, barricade, or other emergency situation

Other - Specify type of call _____

748



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

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Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 01/05/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Odessa Police Department
Address 205 N. Grant Ave.
City Odessa Zip Code 79761
Telephone Number (432) 333-3641
Signature of Director of Agency/Facility (Required)
Name of Person Filling Out Form Sergeant David Lara
Email of Person Filling Out Form dlara@odessa-tx.gov

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

27 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported (on) state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native Black or African American
 Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander Not Available

4. DATE OF INCIDENT

Month 12 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1025 Custer Ave.
City Odessa
County Ector Zip 79761

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

26

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)

American Indian or Alaska Native Black or African American
 Hispanic or Latino
 Anglo or White Other
 Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

8 of 8



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another. Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 01/08/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT

Address 1200 TRAVIS

City HOUSTON

Zip Code 77002

Telephone Number (713) 308-3642

Signature of Director of Agency/Facility (Required)

Name of Person Filling Out Form SERGEANT ODON BELMAREZ

Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

16

Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

35

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government-issued identification if available and known. If not available, mark not available.)

American Indian

Black or African American

or Alaska Native

Hispanic or Latino

Anglo or White

Other

Asian or Pacific Islander

Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian

Black or African American

or Alaska Native

Hispanic or Latino

Anglo or White

Other

Asian or Pacific Islander

4. DATE OF INCIDENT

Month 12 Day 25 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 4002 CORDER

City HOUSTON

County HARRIS

Zip 77021

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon

Did not carry, exhibit or use a deadly weapon

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance

Traffic stop

Execution of a warrant

Hostage, barricade, or other emergency situation

Other - Specify type of call _____



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/30/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Sam Houston State University Police Department
Address P.O. Box 2329
City Huntsville Zip Code 77341-2329
Telephone Number (936) 294-1794
Signature of Director of Agency/Facility (Required) *Kevin Martin*
Name of Person Filling Out Form Christopher J. Standerfer
Email of Person Filling Out Form cjs016@shsu.edu

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

23 Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

4. DATE OF INCIDENT

Month 12 Day 26 Year 2015

5. LOCATION OF INCIDENT

Street address 1312 Smither Drive
City Huntsville
County Walker Zip 77340

6. INCIDENT RESULTED IN:

Injury Death

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

23

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call _____

Accidental discharge of off duty weapon.



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all officer-involved injuries or deaths caused by the discharge of a firearm. Pursuant to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 12/30/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON Zip Code 77002
Telephone Number (713) 308-3642
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

22 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

32

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?

(Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other
 Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

American Indian or Alaska Native
 Anglo or White
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 Other

4. DATE OF INCIDENT

Month 12 Day 29 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 3800 HICKOK LN.
City HOUSTON
County HARRIS Zip 77047

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes No

6. INCIDENT RESULTED IN:

Injury Death

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

Emergency Call or Request for Assistance
 Traffic stop
 Execution of a warrant
 Hostage, barricade, or other emergency situation
 Other - Specify type of call ATTEMPTED ROBBERY

7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon
 Did not carry, exhibit or use a deadly weapon



REPORT OF INJURIES TO OR DEATH OF PEACE OFFICER

As required by Art. 2.1395 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all injuries or deaths of peace officers in the performance of an official duty caused by a person who is not a peace officer while discharging a firearm. Pursuant to the requirements of Art. 2.1395, the following reporting form has been created for reporting such incidents.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov **OR** Fax (512)463-9912

DATE OF REPORT 10/26/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Seguin Police Dept

Address 350 N Guadalupe St

City Seguin Zip Code 78155

Telephone Number (830) 401-2350

Signature of Director of Agency/Facility (Required) *M. C. Meyers*

Name of Person Filling Out Form MC Meyers

Email of Person Filling Out Form mcmeyers@seguintexas.gov

1. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S AGE AT TIME OF INCIDENT?

54

3. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S RACE/ETHNICITY? (MARK ONLY ONE)

American Indian or Alaska Native Asian or Pacific Islander Hispanic or Latino
 Anglo or White Black or African American Other

4. DATE OF INCIDENT

Month 10 Day 06 Year 2015

5. LOCATION OF INCIDENT

Street address 815 Lamar Dr

City Seguin

County Guadalupe Zip 78155

6. INCIDENT RESULTED IN

Injury of Death of Peace Officer
 Injury of Death of Non-Peace Officer

7. WHAT WAS THE NON-PEACE OFFICER'S GENDER?

Male Female

8. WHAT WAS THE NON-PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

54

Not Available

9. WHAT WAS THE NON-PEACE OFFICER'S RACE/ETHNICITY? (MARK ONLY ONE)

American Indian or Alaska Native Asian or Pacific Islander Hispanic or Latino Not Available
 Anglo or White Black or African American Other



REPORT OF INJURIES TO OR DEATH OF PEACE OFFICER

As required by Art. 2.1395 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all injuries or deaths of peace officers in the performance of an official duty caused by a person who is not a peace officer while discharging a firearm. Pursuant to the requirements of Art. 2.1395, the following reporting form has been created for reporting such incidents.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov **OR** Fax (512)463-9912

DATE OF REPORT 11/03/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Bexar County Sheriff's Office

Address 200 N Comal

City San Antonio Zip Code 78207

Telephone Number (210) 335-6000

Signature of Director of Agency/Facility (Required) _____

Name of Person Filling Out Form Det. Frank Stubbs #4048

Email of Person Filling Out Form sstubbs@bexar.org

1. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S AGE AT TIME OF INCIDENT?

42

3. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S RACE/ETHNICITY? (MARK ONLY ONE)

American Indian or Alaska Native Asian or Pacific Islander Hispanic or Latino
 Anglo or White Black or African American Other

4. DATE OF INCIDENT

Month October Day 30 Year 2015

5. LOCATION OF INCIDENT

Street address 8000 Midcrown

City San Antonio

County BEXAR Zip 78218

6. INCIDENT RESULTED IN

Injury of Death of Peace Officer
 Injury of Death of Non-Peace Officer

7. WHAT WAS THE NON-PEACE OFFICER'S GENDER?

Male Female

8. WHAT WAS THE NON-PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

36

Not Available

9. WHAT WAS THE NON-PEACE OFFICER'S RACE/ETHNICITY? (MARK ONLY ONE)

American Indian or Alaska Native Asian or Pacific Islander Hispanic or Latino Not Available
 Anglo or White Black or African American Other



REPORT OF INJURIES TO OR DEATH OF PEACE OFFICER

As required by Art. 2.1395 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all injuries or deaths of peace officers in the performance of an official duty caused by a person who is not a peace officer while discharging a firearm. Pursuant to the requirements of Art. 2.1395, the following reporting form has been created for reporting such incidents.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov OR Fax (512)463-9912

DATE OF REPORT 12/29/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Odessa Police Department
Address 205 N. Grant Ave.
City Odessa Zip Code 79761
Telephone Number (432) 333-3641
Signature of Director of Agency/Facility (Required) [Signature] Deputy Chief
Name of Person Filling Out Form Sergeant David Lara
Email of Person Filling Out Form dlara@odessa-tx.gov

1. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S AGE AT TIME OF INCIDENT?

38

3. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S RACE/ETHNICITY? (MARK ONLY ONE)

American Indian or Alaska Native Asian or Pacific Islander Hispanic or Latino
 Anglo or White Black or African American Other

4. DATE OF INCIDENT

Month 12 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1025 Custer Ave.
City Odessa
County Ector Zip 79761

6. INCIDENT RESULTED IN

Injury of Death of Peace Officer
 Injury of Death of Non-Peace Officer

7. WHAT WAS THE NON-PEACE OFFICER'S GENDER?

Male Female

8. WHAT WAS THE NON-PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

27

Not Available

9. WHAT WAS THE NON-PEACE OFFICER'S RACE/ETHNICITY? (MARK ONLY ONE)

American Indian or Alaska Native Asian or Pacific Islander Hispanic or Latino Not Available
 Anglo or White Black or African American Other



REPORT OF INJURIES TO OR DEATH OF PEACE OFFICER

As required by Art. 2.1395 of the Texas Code of Criminal Procedure, law enforcement agencies shall report all injuries or deaths of peace officers in the performance of an official duty caused by a person who is not a peace officer while discharging a firearm. Pursuant to the requirements of Art. 2.1395, the following reporting form has been created for reporting such incidents.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov OR Fax (512)463-9912

DATE OF REPORT 12/29/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Odessa Police Department
Address 205 N. Grant Ave.
City Odessa Zip Code 79761
Telephone Number (432) 333-3641
Signature of Director of Agency/Facility (Required) [Signature] Deputy Chief
Name of Person Filling Out Form Sergeant David Lara
Email of Person Filling Out Form dlara@odessa-tx.gov

1. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S GENDER?

Male Female

2. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S AGE AT TIME OF INCIDENT?

42

3. WHAT WAS THE INJURED OR DECEASED PEACE OFFICER'S RACE/ETHNICITY? (MARK ONLY ONE)

American Indian or Alaska Native Asian or Pacific Islander Hispanic or Latino
 Anglo or White Black or African American Other

4. DATE OF INCIDENT

Month 12 Day 23 Year 2015

5. LOCATION OF INCIDENT

Street address 1025 Custer Ave.
City Odessa
County Ector Zip 79761

6. INCIDENT RESULTED IN

Injury of Death of Peace Officer
 Injury of Death of Non-Peace Officer

7. WHAT WAS THE NON-PEACE OFFICER'S GENDER?

Male Female

8. WHAT WAS THE NON-PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

27

Not Available

9. WHAT WAS THE NON-PEACE OFFICER'S RACE/ETHNICITY? (MARK ONLY ONE)

American Indian or Alaska Native Asian or Pacific Islander Hispanic or Latino Not Available
 Anglo or White Black or African American Other