



DATE OAG RECEIVED 6-21-16

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 completed form to: officershootingreport@texasattorneygeneral.gov

DATE OF REPORT 06/20/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Austin Police Department

Address PO Box 689001

City Austin Zip Code 78768-9001

Telephone Number (512) 974-6840

Signature of Director of Agency/Facility (Required) Scott Perry for A. Acevedo

Name of Person Filling Out Form Sgt. Scott Perry 2592

Email of Person Filling Out Form scott.perry@austintexas.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?

19 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 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 June Day 14 Year 2016

TIME: Hour 4 Min 5 AM PM

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 6000 blk. Cougar Dr.

City Austin

County Travis Zip 78745

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