



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 01/18/2016

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) _____

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?

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

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 _____

4. DATE OF INCIDENT

Month January Day 17 Year 2016

5. LOCATION OF INCIDENT

Street address 5639 Old Hwy 90 W

City San Antonio

County Bexar Zip 78227

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