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.
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?

☐ [Options: American Indian, Alaska Native, Asian or Pacific Islander, Black or African American, Hispanic or Latino, Anglo or White, Other]

☐ 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  Rad 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?

☐ [Options: American Indian, Alaska Native, Asian or Pacific Islander, Black or African American, Hispanic or Latino, Anglo or White, Other]

☐ Not Available

11. DURING THE INCIDENT, PEACE OFFICER WAS:

☐ On Duty  ☐ Off Duty

12. PEACE OFFICER WAS RESPONSING 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

Injuries to victim who was hit
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

<table>
<thead>
<tr>
<th>DATE OF REPORT</th>
<th>09/16/2015</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AGENCY/FACILITY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Agency/Facility: Freeport Police Department</td>
</tr>
<tr>
<td>Address: 430 N Brazosport Blvd.</td>
</tr>
<tr>
<td>City: Freeport</td>
</tr>
<tr>
<td>Telephone Number: (979) 239-1211</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility (Required): [Signature]</td>
</tr>
<tr>
<td>Name of Person Filing Out Form: Pamela Morris</td>
</tr>
<tr>
<td>Email of Person Filing Out Form: <a href="mailto:pmorris@freeport.tx.us">pmorris@freeport.tx.us</a></td>
</tr>
</tbody>
</table>

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?
- [ ] Male
- [ ] Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?
- [ ] 30
- [ ] Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
- [ ] 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: 02
- Year: 2015

5. LOCATION OF INCIDENT
- Street address: 1010 Magnolia Street
- City: Freeport
- County: Brazoria
- Zip: 77541

8. 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

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: narcotic stop and evading arrest
# 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.

---

**DATE OF REPORT** 10/01/2015

**AGENCY/FACILITY INFORMATION**

Name of Agency/Facility: Plano Police Department

Address: 909 14th Street

City: Plano

Telephone Number: (972) 941-2423

Signature of Director of Agency/Facility (Required): 

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?**

   - [ ] American Indian
   - [ ] Black or African American
   - [ ] Hispanic or Latino
   - [ ] Asian or Pacific Islander
   - [ ] 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?**

    - [ ] American Indian
    - [ ] Black or African American
    - [ ] Hispanic or Latino
    - [ ] Anglo or White
    - [ ] 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

Accidental discharge ricochet during range activities resulting in minor injury.
**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** 10/06/2015

**AGENCY/FACILITY INFORMATION**

Name of Agency/Facility  Parker County Sheriff's Office
Address   129 Hogle St.
City   Weatherford
Telephone Number   (817) 594-8845
Signature of Director of Agency/Facility (Required) Meredith Gray
Name of Person Filling Out Form  meredith.gray@parkercountytx.com
Email of Person Filling Out Form  meredith.gray@parkercountytx.com

<table>
<thead>
<tr>
<th>1. WHAT WAS THE INJURED OR DECEASED'S GENDER?</th>
<th>8. WHAT WAS THE PEACE OFFICER'S GENDER?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Male  ☐ Female</td>
<td>☑ Male  ☐ Female</td>
</tr>
</tbody>
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<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>36  ☐ Not Available</td>
<td>27/56</td>
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<th>3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?</th>
<th>10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?</th>
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<tbody>
<tr>
<td>(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.)</td>
<td>(Mark only one)</td>
</tr>
<tr>
<td>☐ American Indian or Alaska Native</td>
<td>☐ American Indian</td>
</tr>
<tr>
<td>☐ Black or African American or Alaska Native</td>
<td>☐ Black or African American</td>
</tr>
<tr>
<td>☑ Anglo or White</td>
<td>☐ Hispanic or Latino</td>
</tr>
<tr>
<td>☐ Asian or Pacific Islander</td>
<td>☐ Other</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>11. DURING THE INCIDENT, PEACE OFFICER WAS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ On Duty  ☐ Off Duty</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes  ☐ No</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:</th>
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<tr>
<td>☐ Traffic stop</td>
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<tr>
<td>☐ Execution of a warrant</td>
</tr>
<tr>
<td>☐ Hostage, barricade, or other emergency situation</td>
</tr>
<tr>
<td>☑ Other – Specify type of call</td>
</tr>
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<table>
<thead>
<tr>
<th>4. DATE OF INCIDENT</th>
<th>5. LOCATION OF INCIDENT</th>
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<tr>
<td>Month  Sept.  Day  04  Year  2015</td>
<td>Street address  101 Couch Ct.</td>
</tr>
<tr>
<td>City  Springtown</td>
<td>City  Springtown</td>
</tr>
<tr>
<td>County  Parker</td>
<td>County  Parker</td>
</tr>
<tr>
<td>Zip  76082</td>
<td>Zip  76082</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. INCIDENT RESULTED IN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Injury  ☑ Death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. INJURED OR DECEASED PERSON:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Carried, exhibited or used a deadly weapon</td>
</tr>
</tbody>
</table>
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. 2.138 Code of Criminal Procedure

DATE OF REPORT 09/11/2015

AGENCY/FACILITY INFORMATION
Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON
Telephone Number (713) 308-3642
Zip Code 77002

Signature of Director of Agency/Facility (Required)

Name of Person Filling Out Form SERGEANT ODON BLMAREZ
Email of Person Filling Out Form odon.blmarez@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

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 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  ☐ 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 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

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912
PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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<td>Name of Agency/Facility</td>
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<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility (Required)</td>
</tr>
<tr>
<td>Email of Person Filling Out Form</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>1. WHAT WAS THE INJURED OR DECEASED'S GENDER?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Male</td>
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<table>
<thead>
<tr>
<th>2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?</th>
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</thead>
<tbody>
<tr>
<td>44</td>
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</table>

| 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 |

<table>
<thead>
<tr>
<th>4. DATE OF INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
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<table>
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<tr>
<th>5. LOCATION OF INCIDENT</th>
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</thead>
<tbody>
<tr>
<td>Street address</td>
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<tr>
<td>City</td>
</tr>
<tr>
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<td>Zip Code</td>
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<th>6. INCIDENT RESULTED IN:</th>
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<tbody>
<tr>
<td>☐ Carried, exhibited or used a deadly weapon</td>
</tr>
<tr>
<td>☑ Did not carry, exhibit or use a deadly weapon</td>
</tr>
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<tr>
<th>8. WHAT WAS THE PEACE OFFICER'S GENDER?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Male</td>
</tr>
</tbody>
</table>

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<tr>
<th>9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?</th>
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</thead>
<tbody>
<tr>
<td>38</td>
</tr>
</tbody>
</table>

| 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 | ☐ Not Available |

<table>
<thead>
<tr>
<th>11. DURING THE INCIDENT, PEACE OFFICER WAS:</th>
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</thead>
<tbody>
<tr>
<td>☑ On Duty</td>
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</table>

<table>
<thead>
<tr>
<th>12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
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</table>

<table>
<thead>
<tr>
<th>13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:</th>
</tr>
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<tbody>
<tr>
<td>☐ Emergency Call or Request for Assistance</td>
</tr>
<tr>
<td>☐ Traffic stop</td>
</tr>
<tr>
<td>☐ Execution of a warrant</td>
</tr>
<tr>
<td>☐ Hostage, barricade, or other emergency situation</td>
</tr>
<tr>
<td>☑ Other - Specify type of call</td>
</tr>
</tbody>
</table>
PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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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 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 ☐ 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?
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

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<th>10/01/2015</th>
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<tr>
<td>Name of Agency/Facility</td>
<td>Alvin Police Department</td>
</tr>
<tr>
<td>Address</td>
<td>1500 South Gordon Street</td>
</tr>
<tr>
<td>City</td>
<td>Alvin</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(281) 388-4370</td>
</tr>
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<td>Signature of Director of Agency/Facility (Required)</td>
<td></td>
</tr>
<tr>
<td>Name of Person Filling Out Form</td>
<td>Chief Robert E. Lee</td>
</tr>
<tr>
<td>Email of Person Filling Out Form</td>
<td><a href="mailto:lee@cityofalvin.com">lee@cityofalvin.com</a></td>
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</table>

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?
   - [ ] American Indian
   - [ ] Black or African American
   - [ ] Hispanic or Latino
   - [ ] Anglo or White
   - [ ] 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 Code | 77541

6. INCIDENT RESULTED IN:
   - [ ] Injury
   - [x] Death

7. INJURED OR DECEASED PERSON:
   - [x] 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
   - [x] Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
   - [ ] 42
   - [ ] Not Available

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)
    - [ ] American Indian
    - [ ] Black or African American
    - [ ] Hispanic or Latino
    - [x] Anglo or White
    - [ ] Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:
    - [x] On Duty
    - [ ] Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
    - [x] Yes
    - [ ] No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
    - [x] Emergency Call or Request for Assistance
    - [ ] Traffic stop
    - [x] 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 10/05/2015

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?
☐ 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


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:** officeshootingreport@texasattorneygeneral.gov or Fax (512)463-9912

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<th>10/13/2015</th>
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<tbody>
<tr>
<td>AGENCY/FACILITY INFORMATION</td>
<td>Galveston County Sheriff's Office</td>
</tr>
<tr>
<td>Name of Agency/Facility</td>
<td>601 54th Street</td>
</tr>
<tr>
<td>Address</td>
<td>Galveston</td>
</tr>
<tr>
<td>City</td>
<td>Galveston</td>
</tr>
<tr>
<td>Zip Code</td>
<td>77551</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility (Required)</td>
<td>Henry Trochesset, Sheriff</td>
</tr>
<tr>
<td>Name of Person Filling Out Form</td>
<td>Darrell Isaacks, Major</td>
</tr>
<tr>
<td>Email of Person Filling Out Form</td>
<td><a href="mailto:darrell.isaacks@co.galveston.tx.us">darrell.isaacks@co.galveston.tx.us</a></td>
</tr>
</tbody>
</table>

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?
- [ ] Male
- [x] Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?
- [ ] Male
- [x] Female

29
- [ ] Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
- [ ] American Indian
- [ ] Black or African American
- [ ] Asian or Pacific Islander
- [ ] White
- [ ] Hispanic or Latino
- [ ] Other
- [ ] Not Available

4. DATE OF INCIDENT
- Month: 09
- Day: 13
- Year: 2015

5. LOCATION OF INCIDENT
- Street Address: 327 Galley Way
- City: Freeport
- Zip Code: 77541

6. INCIDENT RESULTED IN:
- [x] Injury
- [ ] Death

7. INJURED OR DECEASED PERSON:
- [x] 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
- [x] Female

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
- 51

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
- [x] American Indian
- [ ] Black or African American
- [ ] Asian or Pacific Islander
- [ ] White
- [ ] Hispanic or Latino
- [ ] Other

11. DURING THE INCIDENT, PEACE OFFICER WAS:
- [x] On Duty
- [ ] Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
- [x] Yes
- [ ] No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
- [x] Emergency Call or Request for Assistance
- [ ] Traffic stop
- [x] Execution of a warrant
- [ ] Hostage, barricade, or other emergency situation
- [ ] Other - Specify type of call

---

Initials of Person Filling Out Form: Darrell Isaacks, Major

Date of Report: 10/13/2015

Signature of Director of Agency/Facility (Required): Henry Trochesset, Sheriff
**PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT**

As required by Art. 2.138 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. 2.138, 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. 2.138 Code of Criminal Procedure.

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

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**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)  

Name of Person Filling Out Form  Valentin Ceniceros, Texas Rangers

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

---

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

- [ ] Male  [X] Female

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

- 29 years of age
- [ ] Not Available

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

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

**4. DATE OF INCIDENT**

Month  09  Day  13  Year  2015

**5. LOCATION OF INCIDENT**

Street address  200 Galley Way

City  Freeport

County  Brazoria  Zip 77541

**6. INCIDENT RESULTED IN:**

- [ ] Injury  [X] 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  [X] Female

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

- 43 years of age

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

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

**11. DURING THE INCIDENT, PEACE OFFICER WAS:**

- [ ] On Duty  [X] Off Duty

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

- [ ] Yes  [X] No

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

- [ ] Emergency Call or Request for Assistance
- [ ] Traffic stop
- [X] 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

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**DATE OF REPORT:** 9-17-15

**AGENCY/FACILITY INFORMATION**

Name of Agency/Facility: Balch Springs Police

Address: 12500 Elm Rd.

City: Balch Springs

Telephone Number: 972-557-6000

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

Name of Person Filling Out Form: [Name]

Email of Person Filling Out Form: [Email]

---

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

- [ ] Male  
- [ ] Female  

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

- [ ] Available

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

- [ ] American Indian  
- [ ] Black or African American  
- [ ] or Alaska Native  
- [ ] or Native Hawaiian  
- [ ] or Other Asian or Pacific Islander  
- [ ] or Other Asian or Pacific Islander  
- [ ] or Not Available

4. DATE OF INCIDENT

- Month: 9  
- Day: 16  
- Year: 2015

5. LOCATION OF INCIDENT

- Street Address: 11573 Marshall  
- City: Balch Springs  
- County: Dallas  
- Zip: 75180

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?

- Age: 42

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

- Mark only one:  

- [ ] American Indian  
- [ ] Black or African American  
- [ ] or Alaska Native  
- [ ] or Native Hawaiian  
- [ ] or Other Asian or Pacific Islander  
- [ ] or Other Asian or Pacific Islander  
- [ ] or Not Available

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: Vicious dog
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: 10/08/2015

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): 
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?

☐ 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: 18 ☐ Year: 2015

5. LOCATION OF INCIDENT

Street address: 5027 Pecan Grove
City: San Antonio
County: Bexar
Zip Code: 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?

(Select 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) 483-9812

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<th>10/06/2015</th>
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AGENCY/FACILITY INFORMATION

Name of Agency/Facility: Bexar County Constable Pct. 4
Address: 2711 SE Loop 410
City: San Antonio
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?
   - [ ] Not Available
   - Age: 22

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
   - [ ] American Indian
   - [ ] 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 Code: 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?
   - Age: 47

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
    - [ ] American Indian
    - [ ] 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


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 of Criminal Procedure.*

**PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT**

**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 No. (210) 335-4950
Signature of Director of Agency/Facility (Required)  
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?**
   - [ ] Not Available

3. **WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?**
   - [ ] 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 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?**
    (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

**Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512) 463-9612**
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)465-9912

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

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

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'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 September  Day 21  Year 2015

5. LOCATION OF INCIDENT
   Street address  9030 Betel apartment complex
   City El Paso  Zip 79915

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  - 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: Burglary of vehicle in progress

DC #2689
EPPD - 9/28/15
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

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<tr>
<th>AGENCY/FACILITY INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Agency/Facility</td>
<td>Dallas Police Department</td>
</tr>
<tr>
<td>Address</td>
<td>1400 S. Lamar Street</td>
</tr>
<tr>
<td>City</td>
<td>Dallas</td>
</tr>
<tr>
<td>Zip Code</td>
<td>75215</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(214) 671-3654</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility (Required)</td>
<td></td>
</tr>
<tr>
<td>Name of Person Filling Out Form</td>
<td>Sergeant E. Merritt #8112</td>
</tr>
<tr>
<td>Email of Person Filling Out Form</td>
<td><a href="mailto:e.merritt@dpd.dallascityhall.com">e.merritt@dpd.dallascityhall.com</a></td>
</tr>
</tbody>
</table>

| 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? | 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 |
| 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 ☐ |
| 10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? | 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) ____________________
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?
☐ 24 ☐ Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
☐ 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?
☐ 46

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:
☐ Emergency Call or Request for Assistance
☐ Traffic stop
☐ Execution of a warrant
☐ Hostage, barricade, or other emergency situation
☐ Other – Specify type of call ____________________

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

<table>
<thead>
<tr>
<th>DATE OF REPORT</th>
<th>11/06/2015</th>
</tr>
</thead>
</table>

### 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):** [Signature]
- **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

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

### 4. DATE OF INCIDENT
- **Month:** 09  **Day:** 21  **Year:** 2015

### 5. LOCATION OF INCIDENT
- **Street address:** 800 Deshong Drive
- **City:** Paris
- **County:** Lamar
- **Zip:** 75460

### 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?
- ☑ Anglo or White  ☐ Asian or Pacific Islander  ☐ Black or African American  ☐ Hispanic or Latino
- ☑ American Indian or Alaska Native  ☐ 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: Checking on welfare of suspicious person

---

**Note:** The form is designed to be filled out and submitted electronically or faxed to the Texas Attorney General's Office. It contains important information regarding incidents involving law enforcement officers and the discharge of firearms, as mandated by 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@txattorneygeneral.gov or Fax (512) 463 9812

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?
☐ 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. 2.159 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. 2.159, 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. 2.159 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 McKinney, TX 75069
City 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?
☐ 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 McKinney, TX 75069
City Collin County 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
Telephone Number (409) 983-8614

Signature of Director of Agency/Facility (Required)

Name of Person Filling Out Form ______________
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 ☐ 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 24 Year 2015

5. LOCATION OF INCIDENT
Street address 942 West Gulfway Dr.
City Port Arthur
County Jefferson
Zip Code 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
☐ Other – Specify type of call

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 ☐ 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

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: officsheatingreport@texasattorneygeneral.gov or Fax (512) 465-9912

---

**DATE OF REPORT:**
10/08/2015

---

**AGENCY/FACILITY INFORMATION**

- **Name of Agency/Facility:** Arlington Police Department
- **Address:** 620 W. Division Street
- **City:** Arlington, Texas
- **Telephone Number:** (817) 459-5667
- **Signature of Director of Agency/Facility:** [Signature]
- **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
   - [x] 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?**
   - [ ] 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:** 25
   - **Year:** 2015

---

5. **LOCATION OF INCIDENT**
   - **Street address:** 500 N. Cooper Street
   - **City:** Arlington
   - **State:** Texas
   - **County:** Tarrant
   - **Zip:** 76012

---

6. **INCIDENT RESULTED IN:**
   - [ ] Injury
   - [x] Death

---

7. **INJURED OR DECEASED PERSON:**
   - [x] 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
   - [x] Female

   - 54

---

10. **WHAT WAS THE PEACE OFFICER’S RACE/ETHNICITY?**
    (Mark only one)
    - [ ] American Indian
    - [ ] Black or African American
    - [ ] or Alaska Native
    - [ ] Hispanic or Latino
    - [x] 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

    **Felony traffic stop of Armed Robbery Suspect.**
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.*

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): ____________________________
Name of Person Filling Out Form: Sergeant Lewis Coggleshall #1360
Email of Person Filling Out Form: lewis.coggleshall@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
   ☐ Black or African American
   ☐ Hispanic or Latino
   ☐ Anglo or White
   ☐ Other
   ☐ Asian or Pacific Islander

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, Texas
   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
    ☐ 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 RESPONSIBLE 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.

DATE OF REPORT: 10/09/2015

AGENCY/FACILITY INFORMATION
Name of Agency/Facility: Arlington Police Department
Address: 620 W. Division Street
City: Arlington, Texas
Telephone Number: (817) 459-5667
Signature of Director of Agency/Facility (Required): [Signature]
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
   - [ ] Black or African American
   - [ ] Hispanic or Latino
   - [ ] Anglo or White
   - [ ] 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 Code: 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
    - [ ] Black or African American
    - [ ] Hispanic or Latino
    - [ ] Anglo or White
    - [ ] 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
    - Active shooter fleeing from and shooting at Police Officers.
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. 2.138 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@txattorneygeneral.gov or Fax (512) 465-9812

DATE OF REPORT 12/10/2016

AGENCY/FACILITY INFORMATION
Name of Agency/Facility Town of Ponder Police Department
Address
City 405 Shaffner Street Zip Code 76259
Telephone Number (940) 478-2396
Signature of Director of Agency/Facility (Required)
Name of Person Filling Out Form Toby Crow
tcrow@pondertx.com

WHAT WAS THE INJURED OR DECEASED'S GENDER?
☐ Male ☐ Female

WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?
☐ 41 years ☐ Not Available

WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
☐ Hispanic or Latino ☐ Other
☐ Anglo or White ☐ Black or African American
☐ Asian or Pacific Islander ☐ American Indian
☐ Native or Alaska Native ☐ Other
☐ Other

WHAT WAS THE PEACE OFFICER'S GENDER?
☐ Male ☐ Female

WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
☐ 34 years

WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
☐ Hispanic or Latino ☐ Black or African American
☐ Anglo or White ☐ Other
☐ American Indian or Alaska Native
☐ Asian or Pacific Islander
☐ Other

DURING THE INCIDENT, PEACE OFFICER WAS:
☐ On Duty ☐ Off Duty

PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
☐ Yes ☐ No

INCIDENT OCCURRED DURING OR AS A RESULT OF:
☐ Emergency Call or Request for Assistance ☐ Traffic stop
☐ Execution of a warrant ☐ Hostage, barricade, or other emergency situation
☐ Other - Specify type of call

INJURED OR DECEASED PERSON:
☐ Carried, exhibited or used a deadly weapon
☐ Did not carry, exhibit or use a deadly weapon

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

<table>
<thead>
<tr>
<th>DATE OF REPORT</th>
<th>10/15/2015</th>
</tr>
</thead>
</table>

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):
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 [ ]
   - 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: 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 [ ]
    - 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:
    - 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. 2.138, 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: officer.shootingreport@texasattorneygeneral.gov or Fax (512)485-9912

DATE OF REPORT 12/01/2015

AGENCY/FACILITY INFORMATION
Name of Agency/Facility: Randall County Sheriff's Office
Address: 9100 S. Georgia
City: Amarillo
Telephone Number: (806) 688-5800

Signature of Director of Agency/Facility (Required):
Name of Person Filling Out Form: Captain Chris Forbes
Email of Person Filling Out Form: cforbis@rc-sherrif.com

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?
☑ Female ☐ Male

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?
☑ Anglo or White ☐ Other
☐ American Indian or Alaska Native ☐ Hispanic or Latino
☐ Black or African American ☐ 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

8. WHAT WAS THE PEACE OFFICER'S GENDER?
☐ Female ☐ Male

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
32

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
(Both only one)
☐ American Indian or Alaska Native ☐ Hispanic or Latino
☐ 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

☐ Other - Specify type of call
PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.138 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. 2.138, 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. 2.138 Code of Criminal Procedure.

Email or Fax completed form to: officeshootingreport@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)  [Signature]
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?
☐ 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   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?
28

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

<table>
<thead>
<tr>
<th>DATE OF REPORT</th>
<th>10/09/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENCY/FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Agency/Facility</td>
<td>MIDLAND COUNTY SHERIFF’S OFFICE</td>
</tr>
<tr>
<td>Address</td>
<td>400 SOUTH MAIN</td>
</tr>
<tr>
<td>City</td>
<td>MIDLAND</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(432) 688-4600</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility (Required)</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Name of Person Filling Out Form</td>
<td>LT. DONALD GRAHAM</td>
</tr>
<tr>
<td>Email of Person Filling Out Form</td>
<td><a href="mailto:SOPAT104@CO.MIDLAND.TX.US">SOPAT104@CO.MIDLAND.TX.US</a></td>
</tr>
</tbody>
</table>

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
   - [ ] Hispanic or Latino
   - [ ] Anglo or White
   - [ ] 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 Code | 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
    - [ ] Hispanic or Latino
    - [ ] Anglo or White
    - [ ] Asian or Pacific Islander
    - [ ] Not Available

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

<table>
<thead>
<tr>
<th>DATE OF REPORT</th>
<th>10/13/2015</th>
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<tbody>
<tr>
<td>AGENCY/FACILITY INFORMATION</td>
<td>Sonora Police Department</td>
</tr>
<tr>
<td>Name of Agency/Facility</td>
<td>Sonora Police Department</td>
</tr>
<tr>
<td>Address</td>
<td>609 S. Water Avenue</td>
</tr>
<tr>
<td>City</td>
<td>Sonora</td>
</tr>
<tr>
<td>Zip Code</td>
<td>76950</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(325) 387-3888</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility (Required)</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Name of Person Filling Out Form</td>
<td>Melissa Fuentes, Administrative Assistant</td>
</tr>
<tr>
<td>Email of Person Filling Out Form</td>
<td><a href="mailto:sonorapd@sonora-texas.com">sonorapd@sonora-texas.com</a></td>
</tr>
</tbody>
</table>

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

- [ ] Male
- [X] 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?

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

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 Code: 76950

6. INCIDENT RESULTED IN:

- [X] Injury
- [ ] Death

7. INJURED OR DECEASED PERSON:

- [X] 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
- [X] Female

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

- [ ] 63
- [ ] Not Available

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

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

11. DURING THE INCIDENT, PEACE OFFICER WAS:

- [X] On Duty
- [ ] Off Duty

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

- [X] Yes
- [ ] No

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

- [X] 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) 463-9812

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<tr>
<th><strong>AGENCY/FACILITY INFORMATION</strong></th>
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</thead>
<tbody>
<tr>
<td>Name of Agency/Facility</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Signature of Director</td>
</tr>
<tr>
<td>Email of Person Filling Out</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>1. WHAT WAS THE INJURED OR DECEASED'S GENDER?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Male  ☐ Female</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?</strong></th>
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</thead>
<tbody>
<tr>
<td>15  ☐ Not Available</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th><strong>3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?</strong></th>
</tr>
</thead>
</table>
| ☐ American Indian  ☑ Black or African American or Alaska Native  ☐ Hispanic or Latino  ☐ Other  ☐ Asian or Pacific Islander  

<table>
<thead>
<tr>
<th><strong>4. DATE OF INCIDENT</strong></th>
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<tbody>
<tr>
<td>Month 10  Day 08  Year 2015</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>5. LOCATION OF INCIDENT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address Protected By Law</td>
</tr>
<tr>
<td>City                      Houston</td>
</tr>
<tr>
<td>County                    Harris  Zip 77019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>6. WHAT WAS THE PEACE OFFICER'S GENDER?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male  ☑ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>7. INCIDENT RESULTED IN:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Injury  ☐ Death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>8. INJURED OR DECEASED PERSON:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Carried, exhibited or used a deadly weapon  ☐ Did not carry, exhibit or use a deadly weapon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
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</table>

<table>
<thead>
<tr>
<th><strong>10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Anglo or White  ☐ Black or African American or Alaska Native  ☐ Hispanic or Latino  ☐ Other  ☐ Asian or Pacific Islander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>11. DURING THE INCIDENT, PEACE OFFICER WAS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ On Duty  ☐ Off Duty</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes  ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Emergency Call or Request for Assistance  ☐ Traffic stop  ☐ Execution of a warrant  ☐ Hostage, barricade, or other emergency situation  ☑ Other - Specify type of call</td>
</tr>
</tbody>
</table>

**Attempted Robbery of Police Officer**
### 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:** officeshootingreport@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  
**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?

- [ ] American Indian or Alaska Native  
- [ ] Black or African American or Alaska Native  
- [ ] Hispanic or Latino  
- [ ] Anglo or White  
- [ ] 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?

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

### 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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*Please fill out all required fields.*
### 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?

- [X] Male  
- [ ] Female

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

- [ ] Not Available

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

- [ ] 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: 15  
- Year: 2015

#### 5. LOCATION OF INCIDENT

Street address: 7844 W. TIDWELL RD

City: Houston

County: Harris Zip: 77040

#### 6. INCIDENT RESULTED IN:

- [X] Injury
- [ ] Death

#### 7. INJURED OR DECEASED PERSON:

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

#### 8. WHAT WAS THE PEACE OFFICER'S GENDER?

- [X] Male  
- [ ] Female

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

- [X] 49
- [ ] 40
- [ ] 35
- [ ] Not Available

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

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

#### 11. DURING THE INCIDENT, PEACE OFFICER WAS:

- [X] On Duty
- [ ] Off Duty

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

- [X] Yes
- [ ] No

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

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

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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

To email or fax the completed form, send it to: officershootingreport@texasattorneygeneral.gov or Fax (512)463-8812

DATE OF REPORT: 10/27/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility: HOUSTON POLICE DEPARTMENT

Address: 1200 TRAVIS

City: HOUSTON

Telephone Number: (713) 308-3642

Signature of Director of Agency/Facility (Required):

Name of Person Filling Out Form: SERGEANT ODON BELMARZ

Email of Person Filling Out Form: odon.belmarz@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?

☐ 20 ☐ Not Available

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

☐ 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: 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?

☐ 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: 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)463-9812

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**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?**
   - 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) 463-6912

| 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 |
| Telephone Number | (972) 551-8622 |
| 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 | [X] |

| 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? | |
| American Indian | [ ] |
| or Alaska Native | [X] |
| Black or African American | [ ] |
| or Hispanic or Latino | [ ] |
| Anglo or White | [X] |
| or Other | [ ] |
| Asian or Pacific Islander | [ ] |

| 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 Code | 75160 |

| 6. INCIDENT RESULTED IN: | |
| Injury | [X] |
| Death | [ ] |

| 7. INJURED OR DECEASED PERSON: | |
| Carried, exhibited or used a deadly weapon | [X] |
| Did not carry, exhibit or use a deadly weapon | [ ] |

| 8. WHAT WAS THE PEACE OFFICER'S GENDER? | |
| Male | [ ] |
| Female | [X] |


| 10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one) | |
| American Indian | [ ] |
| or Alaska Native | [X] |
| Black or African American | [ ] |
| or Hispanic or Latino | [ ] |
| Anglo or White | [X] |
| or Other | [ ] |
| Asian or Pacific Islander | [ ] |

| 11. DURING THE INCIDENT, PEACE OFFICER WAS: | |
| On Duty | [X] |
| Off Duty | [ ] |

| 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS: | |
| Yes | [X] |
| 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. 2.138 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. 2.138, 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. 2.138 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512) 463-9812

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**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

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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?**

   - [ ] American Indian
   - [ ] Black or African American
   - [ ] Alaska Native
   - [ ] Asian or Pacific Islander
   - [ ] Anglo or White
   - [ ] 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


   - 28

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

    - [ ] American Indian
    - [ ] Black or African American
    - [ ] Alaska Native
    - [ ] Asian or Pacific Islander
    - [ ] Anglo or White
    - [ ] 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.*

DATE OF REPORT: 11/02/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility: Corpus Christi Police Department
Address: 321 John Sartain
City: Corpus Christi
Telephone Number: (361) 886-2800
Signature of Director of Agency/Facility (Required): [Signature]
Name of Person Filling Out Form: S/O Robert Burton #8860
Email of Person Filling Out Form: RobertsB@ctctexas.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?
   - [ ] Not Available
   - [X] 20

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: [ ]
   - Day: [ ]
   - Year: 2015

5. LOCATION OF INCIDENT
   - Street address: 6313 Saint Denis
   - City: Corpus Christi
   - County: Nueces
   - Zip: [ ]

6. INCIDENT RESULTED IN:
   - [ ] Injury
   - [ ] Death

7. INJURED OR DECEASED PERSON:
   - [X] 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?
   - [ ] Not Available
   - [X] 40

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)463-9812

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**DATE OF REPORT** 11/02/2015

**AGENCY/FACILITY INFORMATION**

Name of Agency/Facility: Dallas Police Department

Address: 1400 South Lamar Street

City: Dallas

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?**
   - 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: 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?**
    - 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 ☑

Disturbance—Officer is Department of Veterans Affairs.
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
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

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**DATE OF REPORT:** 11/02/2015

**AGENCY/FACILITY INFORMATION**
**Name of Agency/Facility:** Mesquite Police Department  
**Address:** 777 N. Galloway Ave.
**City:** Mesquite  
**Telephone Number:** (972) 216-6559  
**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@mesquitepolice.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?
- [ ] 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  
- [ ] Hispanic or Latino  
- [ ] Anglo or White  
- [ ] Other  
- [ ] Asian or Pacific Islander

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?
- [ ] Age: 32

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)
- [ ] American Indian  
- [ ] 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. 2.138 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)433-9812

DATE OF REPORT 11/06/2015

AGENCY/FACILITY INFORMATION
Name of Agency/Facility Texas Department of Public Safety
Address 5605 N. Lamar Blvd.
City Austin Zip Code 78752
Telephone Number (512) 424-2000
Signature of Director of Agency/Facility (Required) 
Richard Zaborowski, Sergeant
Email of Person Filling 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

5. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one)
☐ American Indian ☐ Black or African American
☐ Alaska Native ☐ Hispanic or Latino
☐ Anglo or White ☐ Other
☐ Asian or Pacific Islander

4. DATE OF INCIDENT
Month October Day 30 Year 2015

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 one only)
☐ American Indian ☐ Black or African American
☐ 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:
☐ Emergency Call or Request for Assistance
☐ Traffic stop
☐ Execution of a warrant
☐ Hostage, barricade, or other emergency situation
☐ Other - Specify type of call

5. LOCATION OF INCIDENT
Street address 18400 LBJ Fwy.
City Mesquite County Dallas Zip 75160

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

14. PEACE OFFICER TOOK ACTIONS:
☐ Yes ☐ No
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 11/10/2015

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)
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?
☐ 24 ☐ Not Available

3. WHAT WAS THE INJURED OR DECEASED’S RACE/ETHNICITY?
☐ 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: 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?
☐ 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 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)  
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

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  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  ☑ 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

ROBBERY STING
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 | 11/10/2015 |
| 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) | |
| 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?
- 24
- Not Available

3. WHAT WAS THE INJURED OR DECEASED’S RACE/ETHNICITY?
- American Indian
- 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: 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?
- American Indian
- 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

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.

"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 11/02/2015

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?
☐ American Indian  ☑ Black or African American  ☐ Hispanic or Latino
☐ Anglo or White  ☐ Other  ☐ Asian or Pacific Islander  ☐ 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?
☐ American Indian  ☐ 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 ____________________________
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

<table>
<thead>
<tr>
<th>DATE OF REPORT</th>
<th>11/06/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENCY/FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Agency/Facility</td>
<td>Waco Police Department</td>
</tr>
<tr>
<td>Address</td>
<td>3115 Pine Avenue</td>
</tr>
<tr>
<td>City</td>
<td>Waco</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(254) 750-7500</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility (Required)</td>
<td></td>
</tr>
<tr>
<td>Name of Person Filling Out Form</td>
<td>V.R. Price, Jr., Sergeant</td>
</tr>
<tr>
<td>Email of Person Filling Out Form</td>
<td><a href="mailto:jprice@wacotx.gov">jprice@wacotx.gov</a></td>
</tr>
</tbody>
</table>

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?
   - 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 [ ]
    - Not Available [ ]

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
- **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?**

- **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**
- **Black or African American**
- **Anglo or White**
- **Asian or Pacific Islander**
- **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 Code:** 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**
- **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.

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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
Telephone Number (214) 671-3654
Signature of Director of Agency/Facility (Required)
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.

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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

Telephone Number: (214) 671-3654

City: Dallas

Zip Code: 75215

**Signature of Director of Agency/Facility (Required):**

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

**Email of Person Filling Out Form:** e.merritt@cpd.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?**
   - [ ] American Indian
   - [ ] Black or African American
   - [ ] Hispanic or Latino
   - [ ] Anglo or White
   - [ ] Asian or Pacific Islander
   - [ ] 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
    - [ ] Black or African American
    - [ ] Hispanic or Latino
    - [ ] Anglo or White
    - [ ] 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
      - 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.

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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)
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?
   - 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?
   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:
    - 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 11/13/2015  

AGENCY/FACILITY INFORMATION  
Name of Agency/Facility Laredo Police Department  
Address 4712 Maher Ave.  
City Laredo  
Telephone Number (956) 795-2800  
Signature of Director of Agency/Facility (Required) ___________________  
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  

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?  
☐ 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)463-9812

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 Adler

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?
☐ 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 ☐ Not Available

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

**PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT**

**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)
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?

- [ ] 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 16  Year 2016

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  - [ ] Not Available

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

- [ ] 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 ___________________

**Email or Fax completed form to:** officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912
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?
   □ Not Available
   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  □ Black or African American
   ☑ Hispanic or Latino
   □ Anglo or White
   □ 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  □ Black or African American
    □ Hispanic or Latino  □ Anglo or White
    □ 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 in which a peace officer discharges a firearm causing injury or death to another. Art. 2.139 Code of Criminal Procedure.

Email or Fax completed forms to: officershootingreport@texasattorneygeneral.gov or Fax (512)465-9912

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) 538-2749
Signature of Director of Agency/Facility (Required) 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?
☐ 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 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?
(Select 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

☐

☐

☐

☐

☐
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): [Signature]
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?
- [ ] American Indian
- [ ] Black or African American
- [ ] Hispanic or Latino
- [ ] Anglo or White
- [ ] Other
- [ ] 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 Code: 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?
- [ ] American Indian
- [ ] Black or African American
- [ ] Hispanic or Latino
- [ ] Anglo or White
- [ ] Other
- [ ] Not Available

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. 2.138 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
Telephone Number (817) 598-4300
City Weatherford, Texas Zip Code 76086
Signature of Director of Agency/Facility (Required)
Name of Person Filling Out Form David Smith, Commander
dsmith@weatherfordtx.gov
Email of Person Filling Out Form

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?
☐ American Indian
☐ Black or African American
☐ Anglos or White
☐ Hispanic or Latino
☐ Other
☐ Asian or Pacific Islander
☐ 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?
26

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
☐ American Indian
☐ Black or African American
☐ Anglos 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 RESPONSING 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, barricades, or other emergency situation
☐ Other – Specify type of call

[Signature]

[Signature]

[Signature]
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) 
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?
☐ 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 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:
☐ 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
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.

**PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT**

**DATE OF REPORT:** 11/21/2015

**AGENCY/FACILITY INFORMATION**
- Name of Agency/Facility: Potter County Sheriff Department
- Address: 608 S. Pierce
- City: Amarillo, Texas
- Telephone Number: (806) 379-2900
- Signature of Director of Agency/Facility (Required): [Signature]
- 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 □ Asian or Pacific Islander
  - □ Black or African American □ Latino or Other
  - □ Anglo or White □ Other

**4. DATE OF INCIDENT**
- Month: November  □ Day: 21  □ Year: 2015

**5. LOCATION OF INCIDENT**
- Street address: 5201 Royce
- City: Amarillo, Texas
- County: Randall
- Zip Code: 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

**9. WHAT WAS THE PEACE OFFICER'S GENDER?**
- Male □ Female □

**10. WHAT WAS THE PEACE OFFICER's AGE AT THE TIME OF THE INCIDENT?**
- 59 years old □ Not Available

**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:**
- 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 barricading the victims' shed at 6:00am. Victim confronted the suspect and were engaged in a struggle over a medical device. The suspect struck the victim and the victim fired his pistol once, killing 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

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**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
Telephone Number: (830) 643-6699
Signature of Director of Agency/Facility (Required): Bob Helden, 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 [x]

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 [x]
   - 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 [x]
   - Death [ ]

7. INJURED OR DECEASED PERSON:
   - Carried, exhibited or used a deadly weapon [ ]
   - Did not carry, exhibit or use a deadly weapon [x]

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 [ ]
   - Not Available [ ]

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
    (Mark only one)
    - American Indian [ ]
    - Black or African American [x]
    - or Alaska Native [ ]
    - Hispanic or Latino [ ]
    - Anglo or White [ ]
    - Other [ ]
    - Asian or Pacific Islander [ ]

11. DURING THE INCIDENT, PEACE OFFICER WAS:
    - On Duty [x]
    - Off Duty [ ]

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
    - Yes [x]
    - No [ ]

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
    - Emergency Call or Request for Assistance [ ]
    - Traffic stop [x]
    - Execution of a warrant [ ]
    - Hostage, barricade, or other emergency situation [x]
    - 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 forms to: officershootingreport@texasattorneygeneral.gov or Fax (512) 463-6912

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):

Name of Person Filling Out Form:

Email of Person Filling Out Form:

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?

☐ 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: 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?

☐ 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:

☐ 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. 2.138 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. 2.138, 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. 2.138 Code of Criminal Procedure*

Email or Fax completed form to officershootingreport@texasattorneygeneral.gov or Fax (512) 463-5812

DATE OF REPORT 11/30/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Seagoville Police Department
Address 600 N US Highway 175
City Seagoville
Telephone Number (972) 287-2999
Signature of Director of Agency/Facility (Required) Stephen Davis
Name of Person Filling Out Form edavis@seagoville.us
Email of Person Filling Out Form

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?
☑ Male ☐ Female

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?
☐ 50 ☐ 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 28 Year 2015

5. LOCATION OF INCIDENT
Street address 607 Fran Street
City Seagoville
County Dallas Zip 75159

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?
☐ 51

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:
☑ 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
Telephone Number: (575) 395-2501
Signature of Director of Agency/Facility (Required)
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?  
☐ 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: 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?  
☐ 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)463-8912

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)
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

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?
☐ 32 YOA  ☐ Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
☐ American Indian or Alaska Native  ☐ Black or African American or Alaska Native
☐ Anglo or White  ☐ Hispanic or Latino
☐ Asian or Pacific Islander  ☐ Other
☐ Not Available

4. DATE OF INCIDENT
Month 12  Day 02  Year 2015

5. LOCATION OF INCIDENT
Street address TX 16; .4 mile N. of Atascosa Co.
City Bexar 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?
☐ 30 YOA

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
☐ American Indian  ☐ Black or African American
☐ or Alaska Native  ☐ Hispanic or Latino
☐ Anglo or White  ☐ Other
☐ Asian or Pacific Islander
☐ Not Available

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. 2.138 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. 2.138, 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. 2.138 Code of Criminal Procedure*

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): 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?
- [ ] 24
- [ ] Not Available

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
- [ ] American Indian
- [ ] Black or African American
- [ ] or Alaska Native
- [ ] Hispanic or Latino
- [ ] Anglo or White
- [ ] Asian or Pacific Islander
- [ ] Other
- [ ] Not Available

4. DATE OF INCIDENT
- Month: 12
- Day: 05
- Year: 2015

5. LOCATION OF INCIDENT
- Street Address: 600 block Jeff Cl.
- City: Irving
- County: Dallas
- Zip: 75060

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?
- [ ] 35

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
- [ ] American Indian
- [ ] Black or African American
- [ ] or Alaska Native
- [ ] Hispanic or Latino
- [ ] Anglo or White
- [ ] 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

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

<table>
<thead>
<tr>
<th>Date of Report</th>
<th>12/10/2015</th>
</tr>
</thead>
</table>

## AGENCY/FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Agency/Facility</th>
<th>Smith County Sheriff's Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>227 N. Spring Ave</td>
</tr>
<tr>
<td>City</td>
<td>Tyler</td>
</tr>
<tr>
<td>Zip Code</td>
<td>75702</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(903) 590-2720</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility</td>
<td>[Signature]</td>
</tr>
</tbody>
</table>

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?
   - □ American Indian  □ Black or African American
   - □ 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 Code: 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 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
    - □ 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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Fax or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512) 463-8912

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): [Signature]
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?
☐ Not Available

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

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

<table>
<thead>
<tr>
<th>DATE OF REPORT</th>
<th>12/14/2015</th>
</tr>
</thead>
</table>

## AGENCY/FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Agency/Facility</th>
<th>El Paso Police Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>911 N. Raynor</td>
</tr>
<tr>
<td>City</td>
<td>El Paso</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(915) 212-4000</td>
</tr>
<tr>
<td>Signature of Director</td>
<td></td>
</tr>
<tr>
<td>Name of Person Filling</td>
<td>Detective Carlos Armendariz #2719</td>
</tr>
<tr>
<td>Email of Person Filling</td>
<td><a href="mailto:2719@elpasotexas.gov">2719@elpasotexas.gov</a></td>
</tr>
</tbody>
</table>

## WHAT WAS THE INJURED OR DECEASED'S GENDER?

- [ ] Male
- [ ] Female

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

- [ ] Not Available
- 57

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

- [ ] American Indian
- [ ] Black or African American
- [ ] Alaska Native
- [ ] Anglo or White
- [ ] Asian or Pacific Islander
- [ ] Other

## DATE OF INCIDENT

<table>
<thead>
<tr>
<th>Month</th>
<th>December</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day</td>
<td>11</td>
</tr>
<tr>
<td>Year</td>
<td>2015</td>
</tr>
</tbody>
</table>

## LOCATION OF INCIDENT

<table>
<thead>
<tr>
<th>Street Address</th>
<th>700 S. Zaragoza RD SB</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>El Paso</td>
</tr>
<tr>
<td>County</td>
<td>El Paso</td>
</tr>
<tr>
<td>Zip</td>
<td>79903</td>
</tr>
</tbody>
</table>

## INCIDENT RESULTED IN:

- [ ] Injury
- [ ] Death

## INJURED OR DECEASED PERSON:

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

## WHAT WAS THE PEACE OFFICER'S GENDER?

- [ ] Male
- [ ] Female

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

- [ ] Not Available
- 47

## WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

- [ ] American Indian
- [ ] Black or African American
- [ ] Alaska Native
- [ ] Anglo or White
- [ ] Asian or Pacific Islander
- [ ] Other

## DURING THE INCIDENT, PEACE OFFICER WAS:

- [ ] On Duty
- [ ] Off Duty

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

- [ ] Yes
- [ ] No

## 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)**

**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?**

- 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
- Asian or Pacific Islander
- Other
- Not Available

---

**4. DATE OF INCIDENT**

Month 12  
Day 12  
Year 2015

---

**5. LOCATION OF INCIDENT**

Street address 10079 BRIARWILD

City HOUSTON  
County HARRIS  Zip 77080

---

**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
- 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) 463-6912

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
Telephone Number (940) 565-3003
Signature of Director of Agency/Facility (Required) [Signature]
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?
☐ 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 1300 W. Oak St., Denton, Texas
City Denton, Texas
County Denton, Texas
Zip Code 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?
☐ 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*

**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)  

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  
- [x] 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?

- [ ] American Indian  
- [ ] Black or African American
  
  - or Alaska Native
  
  - Hispanic or Latino
- [x] 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  
- [x] Death

## 7. INJURED OR DECEASED PERSON:

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

## 8. WHAT WAS THE PEACE OFFICER’S GENDER?

- [x] Male  
- [ ] Female

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

- [ ] 33
- [ ] 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

## 11. DURING THE INCIDENT, PEACE OFFICER WAS:

- [x] On Duty  
- [ ] Off Duty

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

- [x] 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
- [x] Other – Specify type of call  
  
  - Suicidal subject with a firearm

*Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512) 463-9912*
**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)465-9912

<table>
<thead>
<tr>
<th>DATE OF REPORT</th>
<th>12/15/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>AGENCY/FACILITY INFORMATION</td>
<td></td>
</tr>
<tr>
<td>Name of Agency/Facility: Arlington Police Department</td>
<td></td>
</tr>
<tr>
<td>Address: 620 West Division St.</td>
<td></td>
</tr>
<tr>
<td>City: Arlington</td>
<td></td>
</tr>
<tr>
<td>Zip Code: 76010</td>
<td></td>
</tr>
<tr>
<td>Telephone Number: (817) 459-5600</td>
<td></td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility (Required): [Signature]</td>
<td></td>
</tr>
<tr>
<td>Name of Person Filling Out Form: Sergeant Curtis Petties</td>
<td></td>
</tr>
<tr>
<td>Email of Person Filling Out Form: <a href="mailto:Curtis.Petties@arlingtontx.gov">Curtis.Petties@arlingtontx.gov</a></td>
<td></td>
</tr>
</tbody>
</table>

1. WHAT WAS THE INJURED OR DECEASED’S GENDER?
   - [ ] Male
   - [x] 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?
   - [x] Anglo or White
   - [ ] American Indian or Alaska Native
   - [ ] Asian or Pacific Islander
   - [ ] Black or African American
   - [ ] Hispanic or Latino
   - [ ] Other
   - [ ] 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 Code: 76010

6. INCIDENT RESULTED IN:
   - [ ] Injury
   - [x] Death

7. INJURED OR DECEASED PERSON:
   - [x] Carried, exhibited or used a deadly weapon
   - [ ] Did not carry, exhibit or use a deadly weapon

8. WHAT WAS THE PEACE OFFICER’S GENDER?
   - [x] 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
    - [x] Black or African American or Alaska Native
    - [ ] Hispanic or Latino
    - [ ] Other
    - [ ] Asian or Pacific Islander

11. DURING THE INCIDENT, PEACE OFFICER WAS:
    - [x] On Duty
    - [ ] Off Duty

12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
    - [x] Yes
    - [ ] No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
    - [x] Emergency Call or Request for Assistance
    - [ ] Traffic stop
    - [ ] Execution of a warrant
    - [ ] Hostage, barricade, or other emergency situation
    - [x] Other – Specify type of call: Suicidal subject with a firearm
PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.138 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. 2.138, 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. 2.138 Code of Criminal Procedure.

Email or Fax completed form to: officeshootingreport@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
Telephone Number (817) 392-4300
Signature of Director of Agency/Facility (Required)
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?
☐ 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 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?
☐ 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:
☐ 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
City Amarillo
Address 200 SE 3rd
Telephone Number (806) 378-9463
Signature of Director of Agency/Facility (Required) [Signature]
Zip Code 79101

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?
   ☐ 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.

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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: Amarillo Police Department
Address: 200 SE 3rd
City: Amarillo
Telephone Number: (806) 378-9483
Zip Code: 79101
Signature of Director of Agency/Facility (Required):

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?
☑ 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?
☐ 34

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
(No more than 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:
☑ 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** 12/22/2015

<table>
<thead>
<tr>
<th>AGENCY/FACILITY INFORMATION</th>
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<tbody>
<tr>
<td>Name of Agency/Facility Nueces County Sheriff's Office</td>
</tr>
<tr>
<td>Address 901 Leopard</td>
</tr>
<tr>
<td>City Corpus Christi Zip Code 78401</td>
</tr>
<tr>
<td>Telephone Number (361) 887-2222</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility (Required) Daniel Perez, Asst. Chief Deputy</td>
</tr>
<tr>
<td>Name of Person Filling Out Form</td>
</tr>
<tr>
<td>Email of Person Filling Out Form <a href="mailto:daniel.perez@nuecesco.com">daniel.perez@nuecesco.com</a></td>
</tr>
</tbody>
</table>

**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?**

- American Indian [ ]
- Black or African American [ ]
- Anglo or White [ ]
- Hispanic or Latino [ ]
- 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 [ ]
- Not Available [ ]

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

- American Indian [ ]
- 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:**

- 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: officeshootingreport@texasattorneygeneral.gov or Fax (512) 463-9912

<table>
<thead>
<tr>
<th>DATE OF REPORT</th>
<th>01/06/2016</th>
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<tbody>
<tr>
<td>AGENCY/FACILITY INFORMATION</td>
<td>Odessa Police Department</td>
</tr>
<tr>
<td>Name of Agency/Facility</td>
<td>Odessa Police Department</td>
</tr>
<tr>
<td>Address</td>
<td>205 N. Grant Ave.</td>
</tr>
<tr>
<td>City</td>
<td>Odessa</td>
</tr>
<tr>
<td>Zip Code</td>
<td>79761</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(432) 333-3641</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility (Required)</td>
<td>Signature of Director</td>
</tr>
<tr>
<td>Name of Person Filling Out Form</td>
<td>Sergeant David Lara</td>
</tr>
<tr>
<td>Email of Person Filling Out Form</td>
<td><a href="mailto:dlara@odessa-tx.gov">dlara@odessa-tx.gov</a></td>
</tr>
</tbody>
</table>

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?
   - [ ] 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 | 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
    - [ ] 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:
    - [ ] Emergency Call or Request for Assistance
    - [ ] Traffic stop
    - [ ] Execution of a warrant
    - [ ] Hostage, barricade, or other emergency situation
    - [ ] Other - Specify type of call

14.8
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.

01-05/2016

AGENCY/FACILITY INFORMATION
Name of Agency/Facility: Odessa Police Department
Address: 205 N. Grant Ave.
City: Odessa
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: dlar@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?
☐ 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 Code: 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?
☐ 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

2 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.

### AGENCY/FACILITY INFORMATION

<table>
<thead>
<tr>
<th>Name of Agency/Facility</th>
<th>Odessa Police Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>205 N. Grant Ave.</td>
</tr>
<tr>
<td>City</td>
<td>Odessa</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(432) 333-3641</td>
</tr>
<tr>
<td>Signature of Director of Agency/Facility</td>
<td>[Signature]</td>
</tr>
<tr>
<td>Name of Person Filling Out Form</td>
<td>Sergeant David Lara</td>
</tr>
<tr>
<td>Email of Person Filling Out Form</td>
<td><a href="mailto:dalara@odessa-tx.gov">dalara@odessa-tx.gov</a></td>
</tr>
</tbody>
</table>

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

- [ ] Male  
- [x] Female

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

- [x] 27
  - [ ] Not Available

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

- [ ] American Indian  
- [ ] Black or African American  
- [ ] or Alaska Native  
- [ ] Hispanic or Latino  
- [ ] Anglo or White  
- [ ] Asian or Pacific Islander  
- [ ] 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:

- [x] Injury
- [ ] Death

### 7. INJURED OR DECEASED PERSON:

- [x] 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
  - [ ] Not Available

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

- [ ] American Indian  
- [ ] Black or African American  
- [ ] or Alaska Native  
- [ ] Hispanic or Latino  
- [ ] Anglo or White  
- [ ] 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:

- [ ] Emergency Call or Request for Assistance  
- [ ] Traffio stop  
- [x] Execution of a warrant  
- [ ] Hostage, barricade, or other emergency situation  
- [ ] Other - Specify type of call

### 14. SIGNATURE OF DIRECTOR OF AGENCY/FACILITY (REQUIRED)

[Signature]
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) 465-5812

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
dilara@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?
☐ 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?
☐ 28

10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
(Select 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:
☐ 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.

Submit 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) 333-3841
Signature of Director of Agency/Facility (Required): ________________
Name of Person Filling Out Form: Sergeant David Lara
Email of Person Filling Out Form: dilara@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?
☐ American Indian ☐ Black or African American
☐ Hispanic or Latino ☐ 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 Clutter 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?
(Only one)
☐ American Indian ☐ Black or African American
☐ Hispanic or Latino ☐ 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 RESPONSIBLE TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
☐ Yes ☐ No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF:
☐ Emergency Call or Request for Assistance
☐ Traffic stop
☐ Execution of a warrant
☐ Hostage, barricade, or other emergency situation
☐ Other — Specify type of call: ____________________________

5/4/5
**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 (312)463-3812 |

**DATE OF REPORT:** 01/05/2016

<table>
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<tr>
<th>AGENCY/FACILITY INFORMATION</th>
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</thead>
<tbody>
<tr>
<td>Name of Agency/Facility</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Telephone Number</td>
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<tr>
<td>Signature of Director</td>
</tr>
<tr>
<td>Name of Person Filling Out Form</td>
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<table>
<thead>
<tr>
<th>1. WHAT WAS THE INJURED OR DECEASED'S GENDER?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male ☐ Female</td>
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<thead>
<tr>
<th>2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?</th>
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<tbody>
<tr>
<td>☐ Not Available</td>
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<tr>
<th>5. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?</th>
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</thead>
<tbody>
<tr>
<td>☐ American Indian ☐ Black or African American</td>
</tr>
<tr>
<td>☐ Alaska Native ☐ Hispanic or Latino</td>
</tr>
<tr>
<td>☐ Anglo or White ☐ Other</td>
</tr>
<tr>
<td>☐ Asian or Pacific Islander ☐ Not Available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. DATE OF INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month 12 Day 23 Year 2015</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>6. LOCATION OF INCIDENT</th>
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</thead>
<tbody>
<tr>
<td>Street address 1025 Custer Ave.</td>
</tr>
<tr>
<td>City Odessa</td>
</tr>
<tr>
<td>County Ector</td>
</tr>
<tr>
<td>Zip 79761</td>
</tr>
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<table>
<thead>
<tr>
<th>8. WHAT WAS THE PEACE OFFICER'S GENDER?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Male ☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?</th>
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</thead>
<tbody>
<tr>
<td>40</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ American Indian ☐ Black or African American</td>
</tr>
<tr>
<td>☐ Alaska Native ☐ Hispanic or Latino</td>
</tr>
<tr>
<td>☐ Anglo or White ☐ Other</td>
</tr>
<tr>
<td>☐ Asian or Pacific Islander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. DURING THE INCIDENT, PEACE OFFICER WAS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ On Duty ☐ Off Duty</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. INCIDENT OCCURRED DURING OR AS A RESULT OF:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Emergency Call or Request for Assistance</td>
</tr>
<tr>
<td>☐ Traffic stop</td>
</tr>
<tr>
<td>☐ Execution of a warrant</td>
</tr>
<tr>
<td>☐ Hostage, barricade, or other emergency situation</td>
</tr>
<tr>
<td>☐ Other - Specify type of call</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. INCIDENT RESULTED IN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Injury ☐ Death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. INJURED OR DECEASED PERSON:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Carried, exhibited or used a deadly weapon</td>
</tr>
<tr>
<td>☐ Did not carry, exhibit or use a deadly weapon</td>
</tr>
</tbody>
</table>

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6/8
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. 2.138, 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. 2.138 Code of Criminal Procedure.

Fax or email completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512) 463-3912

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: djara@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
- Hispanic or Latino
- Anglo or White
- 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 one only)

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

11. DURING THE INCIDENT, PEACE OFFICER WAS:

- On Duty
- Off Duty

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

- Yes
- No

13. INCIDENT OCCURRED DURING OR AS A RESULT OF:

- 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. 2.159 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. 2.159, 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. 2.159 Code of Criminal Procedure.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov or Fax (512)483-0012

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 diara@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?

☐ 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?

☐ 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 RESPONSING 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: 01/08/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility: HOUSTON POLICE DEPARTMENT
Address: 1200 TRAVIS
City: HOUSTON
Telephone Number: (713) 308-3642
Signature of Director of Agency/Facility (Required): [Signature]
Name of Person Filling Out Form: [Name]
Email of Person Filling Out Form: [Email]

1. WHAT WAS THE INJURED OR DECEASED'S GENDER?
   - Male ☐ Female ☐

2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?
   - 16 ☐ Not Applicable ☐

3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?
   - Mark only one on the line.
   - American Indian ☐ Black or African American ☐
   - or Alaska Native ☐ Hispanic or Latino ☐
   - Anglo or White ☐ Other ☐
   - Asian or Pacific Islander ☐ Not Applicable ☐

4. DATE OF INCIDENT
   - Month: 12 ☐ Day: 25 ☐ Year: 2015

5. LOCATION OF INCIDENT
   - Street address: 4002 CORDER
   - City: HOUSTON
   - County: HARRIS
   - Zip: 77021

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 ☐
   - Other - Specify type of call ____________________________

8. 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 ____________________________

9. WHAT WAS THE PEACE OFFICER'S GENDER?
   - Male ☐ Female ☐

10. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
    - 37 ☐ Not Applicable ☐

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 ☐

---

**JUVENILE**
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 in 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 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)  [Signature]
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?
☐ 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  26  Year  2015

5. LOCATION OF INCIDENT
Street address  1312 Smithe 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  ☐ 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:
☐ 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

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<table>
<thead>
<tr>
<th>DATE OF REPORT</th>
<th>12/30/2015</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AGENCY/FACILITY INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Agency/Facility</td>
<td>HOUSTON POLICE DEPARTMENT</td>
</tr>
<tr>
<td>Address</td>
<td>1200 TRAVIS</td>
</tr>
<tr>
<td>City</td>
<td>HOUSTON</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>(713) 308-3642</td>
</tr>
<tr>
<td>Zip Code</td>
<td>77002</td>
</tr>
</tbody>
</table>

| Signature of Director of Agency/Facility (Required) | SERGEANT ODON BELMAREZ |
| Email of Person Filling Out Form | odon.belmarez@houstonpolice.org |

<table>
<thead>
<tr>
<th>1. WHAT WAS THE INJURED OR DECEASED'S GENDER?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Male ☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 22 ☐ Not Available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ American Indian ☐ Black or African American</td>
</tr>
<tr>
<td>☐ or Alaska Native ☐ Hispanic or Latino</td>
</tr>
<tr>
<td>☐ Anglo or White ☐ Other</td>
</tr>
<tr>
<td>☐ Asian or Pacific Islander ☐ Not Available</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. DATE OF INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
</tr>
<tr>
<td>Day</td>
</tr>
<tr>
<td>Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. LOCATION OF INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street address</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>County</td>
</tr>
</tbody>
</table>

| Zip Code | 77047 |

<table>
<thead>
<tr>
<th>6. INCIDENT RESULTED IN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Injury ☐ Death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. INJURED OR DECEASED PERSON:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Carried, exhibited or used a deadly weapon</td>
</tr>
<tr>
<td>☐ Did not carry, exhibit or use a deadly weapon</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. WHAT WAS THE PEACE OFFICER'S GENDER?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Male ☐ Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ 32</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ American Indian ☐ Black or African American</td>
</tr>
<tr>
<td>☐ or Alaska Native ☐ Hispanic or Latino</td>
</tr>
<tr>
<td>☐ Anglo or White ☐ Other</td>
</tr>
<tr>
<td>☐ Asian or Pacific Islander</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. DURING THE INCIDENT, PEACE OFFICER WAS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ On Duty ☐ Off Duty</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Emergency Call or Request for Assistance</td>
</tr>
<tr>
<td>☐ Traffic stop</td>
</tr>
<tr>
<td>☐ Execution of a warrant</td>
</tr>
<tr>
<td>☐ Hostage, barricade, or other emergency situation</td>
</tr>
<tr>
<td>☑ Other – Specify type of call</td>
</tr>
</tbody>
</table>

ATTEMPTED ROBBERY
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) _____________________________
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 Zip 78155
County Guadalupe

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
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.

**REPORT OF INJURIES TO OR DEATH OF PEACE OFFICER**

**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  
Telephone Number: (210) 335-6000  
Signature of Director of Agency/Facility (Required):  
Name of Person Filling Out Form: Det. Frank Stubbs  
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  
   - [X] 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
   - [X] Injury of  
   - [ ] Death of  
   - [X] Peace Officer  
   - [ ] Injury of  
   - [ ] Death of  
   - [ ] Non-Peace Officer

7. WHAT WAS THE NON-PEACE OFFICER’S GENDER?
   - [X] Male  
   - [ ] Female

8. WHAT WAS THE NON-PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
   - 36

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  
   - [ ] Anglo or White  
   - [X] Black or African American  
   - [ ] Other  
   - [ ] Not Available
REPORT OF INJURIES TO OR DEATH OF PEACE OFFICER

As required by Art. 2.1365 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. 2.1365, the following reporting form has been created for reporting such incidents.

Email or Fax completed form to: officershootingreport@texasattorneygeneral.gov OR Fax (512) 463-5912

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) 333-3841
Signature of Director of Agency/Facility (Required):
Name of Person Filling Out Form: Deputy Chief
Email of Person Filling Out Form: lara@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 Fax (512) 463-8912

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)
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