DATE	OAG RECEIVED	



## NOTICE OF UNREPORTED INCIDENT OF OFFICER INVOLVED SHOOTING RESULTING IN INJURY OR DEATH

As required by Art 2.13951 of the Texas Code of Criminal Procedure, the following reporting form has been created for reporting that a law enforcement agency failed to submit the report required under Art. 2139 or 2.1395. The incident must have resulted in injury or death from the discharge of a firearm. Please complete as much of the form as possible.

	ATE OF THE INCIDENT TO FILE THEIR REPORT. ER THE DATE OF THE INCIDENT TO FILE THIS NOTICE.				
EMAIL COMPLETED FORM TO: officershootingreport@texasattorneygeneral.gov					
Date of Report:					
Date of Report: Name of Person Filling Out Form:					
imail of Person Filling Out Form:					
1. NAME OF AGENCY FAILING TO REPO					
2. DATE OF INCIDENT:					
Month:	Day:	Year:			
3. LOCATION OF INCIDENT:					
Street Address:					
City:	County:	Zip:			
4. INCIDENT RESULTED IN:					
Injury	Death	Unknown			
SOURCE OF INFORMATION ON INCIDEN	Т:				
TV (Please Report the Channel/N	ame)				
Radio (Please Report the Station Name)					
Print (including Internet) (Please report print media or website name)					
Witness (Please report the name of the witness if it is different from the name of the person completing this form)					
Other (describe)					