

PEACE OFFICER INVOLVED SHOOTINGS 2015 ANNUAL REPORT

February 1, 2016

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

This report provides the following information:

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

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

From the effective date of the new law on September 1, 2015, until December 31, 2015, there were seventy (70) separate incidents statewide involving peace officer shootings with a firearm that caused injury or death. 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.



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 on incident during which a peace officer discharges a Broam counting injury or death to mother." Art. 2 180 Code of Criminal Procedure.

Address 800 West Ma	larksville Police Department		
City Clarksville	6元。于1975年,宋明成代,186	Zip Code	75426
Telephone Number (903)	427-3836	A	
Signature of Director of Age	ency/Facility (Required) Form Brandon Hartison	- Howbite	
Email of Person Filling Out I	chiefharbison@cebridge.n	et	
1. WHAT WAS THE INJURED	OR DEGEASED'S GENDER?	8. WHAT WAS THE PEACE OFF	TCER'S QUIDER?
Male Female		Male Female	
2. WHAT WAS THE INJURED (OR DISCEASED'S AGE AT TIME OF INCODENT?	9. WHAT WAS THE PEACE OFF	ICEP'S AGE AT THE TIME OF THE INCIDENT!
(Mark one based on Information	OR DECEASED'S RACE/ETHNICITY? reported in state driver license application, state ther government reported identification if evaluation at available.)	10. WHAT WAS THE PEACE OF CHARK only one)	FICER'S RACE/ETHNICITY?
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispenic or Latino
or Alaska Nativo	□ Hispanic or Latino	☑ Angle or White	□ Other
Anglo or White	Cither Cither	Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, P	EAGE OFFICER WAS:
4. DATE OF INCIDENT Month 08 Day	25 _{Year} 2015	Ø On Duty □ Off Duty	
		12. PEACE OFFICER WAS RES	PONDING TO CALL OR REQUEST WITH ONE
The Part of the Pa	82 Loop East of Hwy 37	Ø Yes □ No	
City Clarksville	75406	13. INCIDENT OCCURRED DU	RING OR AS A RESULT OF A:
County Red River	zip	Emergency Call or Request for Assistance	
8. INCIDENT RESULTED IN:		☐ Traffic stop	
2 Injury Death		☐ Execution of a warrant	
7. INJURED OR DECEASED PA	ASON:	☐ Hostage, barricade, or oti ☐ Other — Specify type of ca	BOOKER WINES AND PRINCIPLE OF THE SECOND STATE
Carried, exhibited or used a deadly weapon			made was hit
The set come artifile or u	es a deadly wanger	Miles Company	



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 09/16/2015		
AGENCY/FACILITY INFORMATION	大学,在这一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的	
Name of Agency/Facility Freeport Police Department		
Address 430 N Brazosport Blvd.		
City Freeport	Zip Code 77541	
Telephone Number (979) 239-1211		
Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Pamela Morris		
Email of Person Filling Out Form pmorris@freeport.tx.us		
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
Male Female	☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
30 Not Available	27	
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)	
and known. If not available, mark not available.)	☐ American Indian ☐ Black or African American	
☐ American Indian ☐ Black or African American	or Alaska Native	
or Alaska Native	☐ Anglo or White ☐ Other	
□ Anglo or White □ Other	Asian or Pacific Islander	
☐ Asian or Pacific Islander ☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month 09 Day 02 Year 2015	On Duty Off Duty	
Month U9 Day U2 Year 2015 S. LOCATION OF INCIDENT	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OF MORE OFFICERS:	
Street address 1010 Magnolia Street	Ø Yes □ No	
City Freeport	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Brazoria Zip 77541	☐ Emergency Call or Request for Assistance	
8. INCIDENT RESULTED IN:	☑ Traffic stop	
☑ Injury 🔲 Death	☐ Execution of a warrant	
	☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:	1 Other - Specify type of call	
☐ Carried, exhibited or used a deadly weapon ☑ Did not carry, exhibit or use a deadly weapon	narcotic stop and evading arrest	



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 10/01/20	015		
AGENCY/FACILITY INFORMATION	ON CONTRACTOR OF THE CONTRACTO		
Name of Agency/Facility Pla	ano Police Department		
Address 909 14th Street	et		
_{City} Plano	Western Committee of the Committee of th	Zip Cod	e 75074
Telephone Number (972) 9	941-2423	0 (
Signature of Director of Agen		u Clust	
Name of Person Filling Out Fo	Curtis Howard		
Email of Person Filling Out Fo	rm curtish@plano.gov		
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
55 □ Not Available		30	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? eported on state driver license application, state her government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark no		American Indian	☐ Black or African American
☐ American Indian	Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	Hispanic or Latino	☐ Anglo or White	□ Other
Anglo or White	☐ Other	Asian or Pacific Islande	er.
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT	, PEACE OFFICER WAS:
4. DATE OF INCIDENT	03 _{Veer} 2015	🖸 On Duty 🔲 Off Duty	
Month September Day	03 Year2015	12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 4840 E. F	Plano Parkway	Yes No	
	iano i antway		The state of the s
City Plano	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:		
County Collin Zip 75074		☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ Injury ☐ Death		Execution of a warrant	
7. INJURED OR DECEASED PER	RSON:		other emergency situation
☑ Carried, exhibited or used		Ø Other − Specify type of call	
Did not carry exhibit or use a deadly weapon		Accidental discharge ricochet during range	



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 10/06/201	5	*	
AGENCY/FACILITY INFORMATIO	N		
Name of Agency/Facility Pa	rker County Sheriff's Office		
Address 129 Hogle St.			
City Weatherford	Lew Carlo	Zip Code	76086
Telephone Number (817) 5	594-8845		
Signature of Director of Agen	cy/Facility (Required)	ente	
Name of Person Filling Out Fo	m Meredith Gray	1.4.	
Email of Person Filling Out For	meredith.gray@parkercou	ntytx.com	0.00
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
36	☐ Not Available	27/56	
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state per government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not	available.)	American Indian	☐ Black or African American
American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino ·
or Alaska Native	☐ Hispanic or Latino	Anglo or White	□ Other
☑ Anglo or White	Other	Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT	04 2045	🗹 On Duty 🗆 Off Duty	
Month Sept. Day _	04 Year 2015	12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 101 Couc	ch Ct.	Ø Yes □ No	
City Springtown		13. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:
County Parker	Zip 76082	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
		☐ Execution of a warrant	
La mjur y La Deaut		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		✓ Other – Specify type of call	
Carried, exhibited or used	A TO A SECTION OF THE PERSON OF	Investigation of cri	minal activity
Did not carry, exhibit or us	e a deadly weapon	_	



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 on 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 HC Name of Agency/Facility HC Address 1200 TRAVIS	IN DUSTON POLICE DEPARTMI	ENT
City HOUSTON		Zip Code 77002
Telephone Number (713) 3	308-3642	a O O O
Signature of Director of Agen Name of Person Filling Out Fo	cy/Facility (Required)	AREZ
Email of Person Filling Out Fo	odon.belmarez@houstonp	olice.org
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? appried on state driver license application, state her government reported identification if evallable t evaluable.)	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one) American Indian Black or African American
American Indian	Black or African American	or Aleska Native Hispenic or Latino
or Alaska Native	☐ Hispanic or Latino	☑ Anglo or White □ Other
☐ Anglo or White	Other	Asian or Pacific Islander
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:
4. DATE OF INCIDENT Month 09 Day	05 _{Year} 2015	② On Duty ③ Off Duty
Morket	lean and the second	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ON OR MORE OFFICERS:
5. LOCATION OF INCIDENT Street address 4926 CH	ENNAULT RD.	Ø Yes □ No
City HOUSTON		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
County HARRIS	Zip 77033	
6. INCIDENT RESULTED IN:		☐ Traffic stop
☑ Injury ☐ Death		Execution of a warrant
		☐ Hostage, barricade, or other emergency situation
7. INJURED OR DECEASED PE		□ Other – Specify type of call
☐ Carried, exhibited or used ☐ Did not carry, exhibit or u		



As required by Art. 2.138 of the Texas Gode 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 10/15/201	5		
AGENCY/FACILITY INFORMATION	ON		
Name of Agency/Facility Irv	ing Police Department		
Address 305 N. O'Con	nor Road		
City Irving		Zip Code	75061
Telephone Number (972)	721-2471	00	
Signature of Director of Agen	cy/Facility (Required)	y Book	and the second s
Name of Person Filling Out Fo	m Michael Coleman		
Email of Person Filling Out Fo	mcoleman@cityofirving.org	9	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☑ Male ☐ Female		Male Female	
2. WHAT WAS THE INJURED OF	DECEASED'S ABE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT?
44	☐ Not Available	38	
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not	ner government reported identification if available available.)	American Indian	Black or African American
☐ American Indian	Black or African American	or Alaska Native	☑ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☐ Anglo or White	☐ Other
☑ Anglo or White □ Other		☐ Asian or Pacific Islande	r .
Asian or Pacific Islander	□ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		On Outy Off Duty	
Month Day _	08 Year 2015	12. PEACE OFFICER WAS RI	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 1500 Ran	ge Road	Yes Z No	
City DFW Airport		47 HIGHERT AGOLIBBED D	UPNA AR AC A RECUIT OF A.
County Tarrant	Zip 75261		URING OR AS A RESULT OF A:
Codity		☐ Emergency Call or Requ	lest for Assistance
6. INCIDENT RESULTED IN:		☐ Traffic stop ☐ Execution of a warrant	
Ø Injury ☐ Death			other emergency situation
7. INJURED OR DECEASED PER	SON:	Other - Specify type of	Salaring Dayler & Street, Stre
☐ Garried, exhibited or used	a deadly weapon	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
2 Did not carry, exhibit or us	e a deadly weapon	minor injury.	-bullet fragments resulting in -



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*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.

Ø Male ☐ Female Ø Male	Zip Code 77511 NAS THE PEACE OFFICER'S GENDER? Female VAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT
City Alvin Telephone Number (281) 388-4370 Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Chief Robert E. Lee Femail of Person Filling Out Form riee@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? 9. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	WAS THE PEACE OFFICER'S GENDER?
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 riee@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? 9. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	WAS THE PEACE OFFICER'S GENDER?
Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Chief Robert E. Lee Email of Person Filling Out Form I. WHAT WAS THE INJURED OR DECEASED'S GENDER? Male Male Male WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 9. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	☐ Female
Name of Person Filling Out Form Chief Robert E. Lee Email of Person Filling Out Form riee@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? 9. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	☐ Female
Email of Person Filling Out Form	☐ Female
Ø Male ☐ Female Ø Male 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 8. WHAT WAS THE INJURED OF INCIDENT?	☐ Female
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 9. WHAT Y	
	WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT
29 🗆 Not Available 30	
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	WAS THE PEACE OFFICER'S RACE/ETHNICITY?
	can Indian Black or African American
	ska Native Hispanic or Latino
or Alaska Native Hispanic or Latino Anglo	
	or Pacific Islander
Asian or Pacific Islander Not Available 11. DURIS	IG THE INCIDENT, PEACE OFFICER WAS:
	y 🗖 Off Duty
OR MORE	OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OFFICERS:
3. LUGATION OF INCIDENT	□ No
Street address	D NO
	ENT OCCURRED DURING OR AS A RESULT OF A:
County Brazoria Zip 77541	
6. INCIDENT RESULTED IN:	
☐ Injury ☐ Death ☐ Execution of a warrant	
7 IN HIRED OR DECEASED PERSON-	e, barricade, or other emergency situation
☑ Carried, exhibited or used a deadly weapon	- 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.

AGENCY/FACILITY INFORMATIO	NC		
Name of Agency/Facility Ah	rin Police Department		- Aller - Company
Address 1500 South G	ordon Street		
City_Alvin		Zip Code	77511
Telephone Number (281) 3	388-4370	,	
Signature of Director of Agen Name of Person Filling Out Fo	rm Chief Robert E. Lee		
Email of Person Filling Out Fo	rm rlee@cityofalvin.com		
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
Male Female		☐ Male	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT:
29 Not Available		42	
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not	ner government reported identification if available available.)	American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	Hispanic or Latino	Anglo or White	☐ Other
Anglo or White	□ Other	Asian or Pacific Islande	er .
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT Month 9 Day	13 _{Year} 2015	Ø On Duty ☐ Off Duty	
Month 9 Day 5. LOCATION OF INCIDENT	Year	12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 300 block	Galley Way	Ø Yes □ No	
City Freeport		13. INCIDENT OCCURRED D	DURING OR AS A RESULT OF A:
County Brazoria Zip 77541		☑ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
□ Injury ☑ Death		Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		☐ Other — Specify type of	call
Carried, exhibited or used		-	
Did not carry, exhibit or us	e a deadly weapon		



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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DATE OF REPORT 10/05/20	15		
AGENCY/FACILITY INFORMATION Name of Agency/Facility Per	on arland Police Department		
Address 2555 Cullen P			
_{City} Pearland		Zip Cod	e 77584
Telephone Number (281) 9	97-4100		
Signature of Director of Agen	cy/Facility (Required)		
Name of Person Filling Out Fo			
Email of Person Filling Out For	rm cdoyle@pearlandtx.gov		
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE (OFFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
29	☐ Not Available	41	
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state er government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known If not available, mark not		☐ American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native 🛮 Hispanic or Latino	
or Alaska Native	☐ Hispanic or Latino	☐ Anglo or White ☐ Other	
Anglo or White	☐ Other	Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	. PEACE OFFICER WAS:
4. DATE OF INCIDENT Month 9 Day	13 _{Year} 2015	On Duty 🗖 Off Duty	
Month Day Day _	13 Year 2015	12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 300 block	Galley Way	☑ Yes ☐ No	
City Freeport		17 INCIDENT OCCUPATO	MIDINA OD AC A DECINT OF A.
County Brazoria Zip 77541		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: ☑ Emergency Call or Request for Assistance	
oounty		☐ Traffic stop	dest for Assistance
6. INCIDENT RESULTED IN:		Execution of a warrant	
☐ Injury			other emergency situation
7. INJURED OR DECEASED PER	SON:	☐ Other — Specify type of	
☑ Carried, exhibited or used a	deadly weapon	- other - opening type of	vaii
Did not carry, exhibit or use	a deadly weapon		



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AGENCY/FACILITY INFORMATION Name of Agency/Facility Game Address 601 54th Streen	alveston County Sheriff's Offic	е	((Catherine)	
City Galveston		Zin God	_{le} 77551	
Telephone Number (409)	766-2300			
Signature of Director of Ager Name of Person Filling Out Fo	ncy/Facility (Required)	Trochent	Henry Trochesset, Sheriff	
Email of Person Filling Out Fo	darrell.isaacks@co.galves	ton.tx.us		
1. WHAT WAS THE INJURED O	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE (OFFICER'S GENDER?	
☑ Male ☐ Female		☑ Male ☐ Female		
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT	
29 □ Not Available		51		
(Mark one based on information reidentification card application, or ot	R DECEASED'S RACE/ETHNICITY? aported on state driver license application, state ther government reported identification if available	(Mark only one)	OFFICER'S RACE/ETHNICITY?	
and known, if not available, mark not available.)		☐ American Indian	Black or African American	
☐ American Indian or Alaska Native	☐ Black or African American ☐ Hispanic or Latino	or Alaska Native Hispanic or Latino		
Anglo or White	☐ Other	☐ Anglo or White ☐ Other ☐ Asian or Pacific Islander		
Asian or Pacific Islander	☐ Not Available			
4. DATE OF INCIDENT	42 0045	11. DURING THE INCIDENT, On Duty Off Duty	, PEACE OFFICER WAS:	
Month 09 Day _	13 Year 2015	12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE	
Street address 327 Galle	y Way	Ø Yes □ No		
City Freeport		13. INCIDENT OCCURRED D	OURING OR AS A RESULT OF A:	
County Brazoria Zip 77541		☐ Emergency Call or Request for Assistance		
6. INCIDENT RESULTED IN:		☐ Traffic stop		
Injury Willeath	Li ilijury & Death		☐ Hostage, barricade, or other emergency situation	
□ Injury ☑ Death 7. INJURED OR DECEASED PER		☐ Hostage, barricade, or	other emergency situation	



As required by Art. 2.139 of the Texas Gode 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 Griminal Procedure.

DATE OF REPORT 10/07/201	5		
AGENCY/FACILITY INFORMATION		-	
	xas Department of Public Saf	ety	
Address 12230 West R	toad		
City Houston		Zip God	_{le} 77065
Telephone Number (281)	517-1400		
Signature of Director of Agen Name of Person Filling Out Fo		Rangers exas.gov	m/lev
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE (OFFICER'S GENDER?
☑ Male ☐ Female		Male Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	OFFICER'S ABE AT THE TIME OF THE INCIDENT
29 years of age		43 years of age	
(Mark one based on Information re	DECEASED'S RACE/ETHNICITY? sported on state driver license application, state ser government reported identification if available available.)	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	2 Anglo or White	☐ Other
Anglo or White	□ Other	☐ Asian or Pacific Islande	er
Asian or Pacific Islander	☐ Not Availablé	11. DURING THE INCIDENT	DEADE OFFICED WILD.
4. DATE OF INCIDENT		On Duty Off Duty	, PEAGE UTTIGER WAS:
Month 09 Day	13 Year 2015	12. PEACE OFFICER WAS R	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	
Street address 200 Galle	y Way	Ø Yes □ No	
City Freeport		13. INCIDENT OCCURRED T	DURING OR AS A RESULT OF A:
County Brazoria Zip 77541		☐ Emergency Call or Requ	uest for Assistance
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☐ Injury ☑ Death		Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		☐ Other - Specify type of	call
Carried, exhibited or used			Commence (WAR)
Did not carry, exhibit or us	e a deadly weapon		



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.

	17-15		
AGENCY/FACILITY INFORMA			
Name of Agency/Facility _	Balch Springs Polis	ce	
Address 12500 E.			Carrio -
City Bolch Sprin		Zip Code	75/00
The state of the s	2-557-6007		
	ency/Facility (Required) Mark	Man	
	Form Mark Maret		
Email of Person Filling Out	Form Mar & T 239@ balch	springs por con	и
1. WHAT WAS THE INJURED	OR DECEASED'S GENDER?	B. WHAT WAS THE PEACE O	FFICER'S GENDER?
☐ Male ☐ Female		☐ Male ☐ Female	
2. WHAT WAS THE INJURED	OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
	Not Available	42	
	OR DECEASED'S RACE/ETHNICITY?		OFFICER'S RACE/ETHNICITY?
	reported on state driver license application, state other government reported identification if available	(Mark only one)	Black or African American
American Indian	Black or African American	☐ American Indian or Alaska Native	Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	Anglo or White	Other
Anglo or White	Other	☐ Asian or Pacific Islande	
☐ Asian or Pacific Islander			
		11. DURING THE INCIDENT,	, PEACE OFFICER WAS:
4. DATE OF INCIDENT	11 200	☑ On Duty ☐ Off Duty	
Month Day	y	12. PEACE OFFICER WAS R	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	
Street address 1/57/3	Marriatt	Yes Mo	
City Bolch Spring	υ	13. INCIDENT OCCURRED D	DURING OR AS A RESULT OF A:
County Dollas Zip 75780		☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:	Traffic stop		
☑ Injury □ Death		Execution of a warrant	
☐ Hostage, barricade, or other emergency situation		other emergency situation	
7. INJURED OR DECEASED P	ERSON:	Other - Specify type of call Vicus dag	
Carried, exhibited or use	d a deadly weapon		J
Did not carry, exhibit or	use a deadly weapon		



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 on incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.138 Code of Criminal Procedure.

AGENCY/FACILITY INFORMATI	ON		resources at the specimens of
Name of Agency/Facility Be	exar County Constable Pct. 4		
Address 2711 SE Loop	0 410		
City San Antonio		Zip Cod	78222
Telephone Number (210)	335-4950		
		r. Rha	
Name of Person Filling Out Fo	ncy/Facility (Required) Artinez #1	410	
Email of Person Filling Out Fo	rm fmartinez@bexar.org		
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
22	☐ Not Available	48	
(Mark one based on information re identification cerd application, or oti	R DECEASED'S RACE/ETHNICITY? ported on state driver license application, state her government reported identification if available	(Mark only one)	OFFICER'S RACE/ETHNICITY?
and known, if not available, mark not		American Indian	Black or African American
American Indian	Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino ☐ Other	Anglo or White	□ Other
☐ Anglo or White ☐ Asian or Pacific Islander	□ Not Available	Asian or Pacific Islander	
Asian or Facilic Islandor	LI NUL AVAIRABLE	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		On Duty Off Duty	
Month September Day	18 Year 2015	12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 5027 Peo	an Grove	Ø Yes □ No	
Street address 5027 7 60 City San Antonio	<u>an orona</u>		
County Bexar	Zip 78222	13, INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Doxel			
6. INCIDENT RESULTED IN:		☐ Traffic stop	
Ø Injury □ Death		Execution of a warrant	
7. INJURED OR DECEASED PERSON:		☐ Hostage, barricade, or other emergency situation	
Carried, exhibited or used		☐ Other — Specify type of	Call
Did not carry, exhibit or us		The state of the s	



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.

Name of Agency/Facility Be Address 2711 SE Loop	exar County Constable Pct. 4		
City San Antonio		Zip Code 78222	
Telephone Number (210)	335-4950		
Signature of Director of Ager Name of Person Filling Out Fo	ncy/Facility (Required)	1410	
Email of Person Filling Out Fo	rm fmartinez@bexar.org		
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 22		9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? sported on state driver license application, state ner government reported identification if evailable t available.)	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one) American Indian Black or African American	
American Indian	☑ Black or African American	or Alaska Native	
or Alaska Native	☐ Hispanic or Latino	☐ Anglo or White ☐ Other	
☐ Anglo or White	☐ Other	☐ Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month September Day	18 Year 2015	2 On Duty 🗀 Off Duty	
Month Soptombol Day	Tear	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH O	
5. LOCATION OF INCIDENT Street address 5027 Pec	an Grove	Ø Yes □ No	
City San Antonio		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Bexar	Zip 78222	Emergency Cell or Request for Assistance	
8. INCIDENT RESULTED IN:		☐ Traffic stop	
2 Injury □ Ceath		☐ Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Other - Specify type of call	
☑ Carried, exhibited or used: ☐ Did not carry, exhibit or use			



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.

ole Pct. 4	Zip Code	. 78222	
	Zip Code	. 78222	
2		6 No. 10 Specific and Francisco Co. 10 Specific and 10 Specifi	
21			
artinez #1	3 Re-		
r.org			
e niber eres Tropi	8. WHAT WAS THE PEACE O	FFICER'S GENDER?	
	☑ Male ☐ Female		
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?		9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENTS	
TY? plication, state tion if available	10. WHAT WAS THE PEACE (Merk only one)	OFFICER'S RACE/ETHNICITY?	
rican	or Alaska Native	Hispanic or Latino	
	☐ Anglo or White	☐ Other	
	Asian or Pacific Islande		
	11. DURING THE INCIDENT, PEACE OFFICER WAS:		
015	Ø On Duty □ Off Duty		
	The same property of the state	ESPONDING TO CALL OR REQUEST WITH ON	
	Ø Yes □ No		
	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:		
2	Z Emergency Call or Request for Assistance		
8. INCIDENT RESULTED IN:		☐ Traffic stop	
Ø Injury □ Death			
The State of the Control of the Cont		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		call	
Carried, exhibited or used a deadly weapon Did not carry, exhibit or use a deadly weapon			
	FINCIDENT? of Available TY? plication, state ion if available lican	8. WHAT WAS THE PEACE OF Male Female 9. WHAT WAS THE PEACE OF Available 38 10. WHAT WAS THE PEACE (Mark only one) American Indian or Alaska Native Anglo or White Asian or Pacific Islande 11. DURING THE INCIDENT, 2 On Duty Off Duty Off Duty OR MORE OFFICERS: 2 Yes No 13. INCIDENT OCCURRED DESCRIPTION Execution of a warrant	



As required by Art. 2.139 of the Texas Gode 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 INFORMATI	ON	
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 Agen	cy/Facility (Required)	Viener Koral 1370
Name of Person Filling Out Fo	rm Detective David Camacho	#2689
Email of Person Filling Out Fo	rm 2689@elpasotexas.gov	
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?
Male □ Female		☐ Male Ø Female
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	8. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
21	Not Available	24
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state		10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?
	er government reported identification if available	☐ American Indian ☐ Black or African American
American Indian .	☐ Black or African American	or Alaska Native
or Alaska Native	Hispanic or Latino	☐ Anglo or White ☐ Other
Anglo or White	☐ Other .	☐ Asian or Pacific Islander
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:
4. DATE OF INCIDENT		☑ On Duty ☐ Off Duty
Month September Day	21 Year 2015	
5. LOCATION OF INCIDENT		12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
Street address 9030 Bete	l apartment complex	☑Yes □ No (
City El Paso		AT WORDEN ACCURATE DURING OF A PROUNT OF A
County El Paso	Zip 79915	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
		☐ Traffic stop
B. INCIDENT RESULTED IN:		T Execution of a warment
Injury Death		☐ Hostage, barricade, or other emergency situation
7. INJURED OR DECEASED PERS	ON:	1 Other - Specify type of call CALL FOR Service
Z Carried, exhibited or used a	deadly weapon	- Burglan of which w process *
I Did not carry, exhibit or use	a deadly weapon	
		DC#2689
		FADD -9/23/15



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 _09/25/2015	5		
AGENCY/FACILITY INFORMATIO	N		
Name of Agency/Facility Da	llas Police Department		1530
Address 1400 S. Lama	Street		
City Dallas		Zip Code	75215
Telephone Number (214) 6	71-3654		
Signature of Director of Agend	cy/Facility (Required)		es -
Name of Person Filling Out For	Sergeant E. Merritt #8112	- 1019 /	"
Email of Person Filling Out For	e.merritt@dpd.dallascityha	ill.com	1
A WHAT WAS THE IN HOPE OF	DESCRIPTION OF VIDEOR	47-2	Hoc.
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	PFICER'S GENDER?
Male Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT:
24	☐ 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		10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)	
and known If not available, mark not	er government reported identification if available available)	American Indian	☐ Black or African American
American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	M Hispanic or Latino	☑ Anglo or White	□ Other
☐ Anglo or White	Other	Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		☑ On Duty ☐ Off Duty	
Month September Day	21 _{Year} 2015		
		12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 10800 Sto	one Canyon Poad	Ø Yes □ No	
	one carryon read		
City Dallas		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Dallas Zip Emergency Call or Request for Assistance		uest for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
□ Injury ☑ Death □ Execution of a warrant			
7 IN HIPTO OR PROPAGED PERSON.		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Ø Other − Specify type of call	
☑ Carried, exhibited or used a deadly weapon □ Did not carry, exhibit or use a deadly weapon		Officer working unrelated call when they heard	



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 09/25/2015	5		
AGENCY/FACILITY INFORMATIO	N		
Name of Agency/Facility Dal	las Police Department		
Address 1400 S. Lamai	Street		
City Dallas		Zip Cod	_e 75215
Telephone Number (214) 6	71-3654		
Signature of Director of Agenc	cy/Facility (Required)		
Name of Person Filling Out For	Sergeant E. Merritt #8112	Hal 2015/	en
Email of Person Filling Out For	e.merritt@dpd.dallascityha	ill.com	7
		muse	
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
☑ Male ☐ Female		Male Female	
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
24	☐ Not Available	46	
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state		10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known If not available, mark not	er government reported identification if available available.)	American Indian	☐ Black or African American
American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	M Hispanic or Latino	🗹 Anglo or White	☐ Other
☐ Anglo or White	□ Other	☐ Asian or Pacific Islande	er
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT	PEACE OFFICER WAS:
4. DATE OF INCIDENT		Ø On Duty ☐ Off Duty	
Month September Day	21 _{Year} 2015	as on buty	Pier W. C.
		12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 10800 Sto	ine Canyon Road	Ø Yes □ No	
The state of the s	nie Carryon Road	E TO E TO	
City Dallas		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Dallas Zip		☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☐ Injury ☑ Death		☐ Execution of a warrant	
THE WINDS OF STATES OF STATES		\square Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Ø Other − Specify type of call	
✓ Carried, exhibited or used a deadly weapon ☐ Did not carry, exhibit or use a deadly weapon			elated call when they heard



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 11/06/201	5		
AGENCY/FACILITY INFORMATION	ON		
	xas Department of Public Saf	ety	
Address 5805 N. Lama	r Blvd.		
City Austin		Zip Code	78752-4431
Telephone Number (512)	124-2000		
Signature of Director of Agen	cy/Facility (Required) Steven	C. mc aa	w
Name of Person Filling Out Fo	rm Lieutenant Ray Sappington	A	
Email of Person Filling Out Fo	Ray.Sappington@dps.texa	as.gov	
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 21 Not Available		9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT 39	
and known. If not evailable, mark not evailable.) American Indian Black or African American		or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	Anglo or White	Other
☑ Anglo or White	□ Other	Asian or Pacific Islander	
Asian or Pacific Islander Not Available			
		11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT	21 _{Veer} 2015	On Duty Off Duty	
Month Day _	Year 2015		ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	
Street address 800 Desh	ong Drive	Yes No	
City Paris	4.00	13. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:
County Lamar Zip 75460		☐ Emergency Call or Requ	est for Assistance
6. INCIDENT RESULTED IN:		☐ Traffic stop	
□ Injury ☑ Death		☐ Execution of a warrant	
Langua y Landani		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER	SON:	Other - Specify type of	call
☐ Carried, exhibited or used a deadly weapon		Checking on welfar	re of suspicious person
Did not carry exhibit or use a deadly weapon		The state of the s	



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"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 INFORMATI	on by of McKinney Police Departm	nent	
Address 2200 Taylor-E	Burk		7: 1 N - 1 0 2 2 2 2 - 1
City McKinney		Zip Code	75071
Telephone Number (972)	547-2700		
Signature of Director of Agen			
Email of Person Filling Out Fo	mmoyle@mckinneytexas.c	prg	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE OF	FFICER'S GENDER?
Male Female		Male Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
35	☐ Not Available	30	
(Mark one based on information re- identification card application, or ot)	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state ar government reported identification if available	10. WHAT WAS THE PEACE ((Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not	ováilable.)	American Indian	Black or African American
American Indian	Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	Hispanic or Latino	2 Anglo or White	□ Other
Anglo or White	Ø Other	Asian or Pacific Islander	
Asian or Pacific Islander	□ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		On Duty Off Duty	
Month Day _ 5. LOCATION OF INCIDENT	23 Year 2015	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OF MORE OFFICERS:	
Street address 1300 Eldo	orado Pkwy	Ø Yes □ No	
City McKinney		13. INCIDENT OCCURRED DURING OR AS A RESULT DF A:	
County Collin	Collin Zip 75069 Zi Emergency Call or Request for Assistance		est for Assistance
6. INCIDENT RESULTED IN:		☑ Traffic stop	
☐ Injury ☑ Death		☐ Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON: Carried, exhibited or used a deadly weapon		Other - Specify type of o	call
	e a deadly weapon		the same and the s



As required by Art. 2.139 of the Texas Code of Griminal 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		
Name of Agency/Facility City of McKinney Police Departs	nent	
Address 2200 Taylor-Burk		
City McKinney	Zip Code 75071	
Telephone Number (972) 547-2700		
Signature of Director of Agency/Facility (Required) Name of Person Filting Out Form Lieutenant Mark Moyle		
Email of Person Filling Out Form mmoyle@mckinneytexas.	org	
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
Ø Male □ Female	☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDEN	
35 Not Available	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 offer government reported identification if available	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)	
and known, If not evallable, merk not evallable.) American Indian	American Indian Black or African American	
or Alaska Native Hispanic or Latino	or Alaska Native Hispanic or Latino	
☐ Anglo or White ☐ Other	✓ Anglo or White □ Other □ Asian or Pacific Islander	
□ Asian or Pacific Islander □ Not Available	LI ASIAN OF PACING ISlander	
	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month 09 Day 23 Year 2015	☑ On Duty □ Off Duty	
Month 09 Day 23 Year 2015	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ON OR MORE OFFICERS:	
Street address 1300 Eldorado Pkwy	Ø Yes □ No	
City McKinney	- 13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Collin Zip 75069	_ ☑ Emergency Call or Request for Assistance	
B. INCIDENT RESULTED IN:	✓ Traffic stop	
☐ Injury Death	☐ Execution of a warrant	
☐ Hostage, barricade, or other emergency situation		
7. INJURED OR DECEASED PERSON:	Other - Specify type of call	
Z Carried, exhibited or used a deadly weapon		



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			
	rt Arthur Police Department		
Address POB 1089			
City Port Arthur		Zip Code	77641
Telephone Number (409)	983-8614	12/	
	cy/Facility (Required)	ruby	
Name of Person Filling Out Fo	rm Sgt. Ken Carona		
Email of Person Filling Out Fo	kcarona@portarthurpd.com	n	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
Male Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT?
52	☐ Not Available	39	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? uported on state driver license application, state	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not	ner government reported identification if available t available.)	☐ American Indian	☑ Black or African American
☐ American Indian	☑ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	Hispanic or Latino	☐ Anglo or White	☐ Other
☐ Anglo or White	□ Other	Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE DEFICER WAS:
4. DATE OF INCIDENT		□ On Duty ☑ Off Duty	
Month 09 Day	24 Year 2015		
5. LOCATION OF INCIDENT		12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 942 West	Gulfway Dr.	☐ Yes 💋 No	
City Port Arthur		13. INCIDENT OCCURRED D	DURING OR AS A RESULT OF A:
County Jefferson Zip 77640		☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
Ø Injury □ Death		☐ Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Other – Specify type of call	
Carried, exhibited or used	a deadly weapon	Burglary of the offi	cers home
☐ Did not carry, exhibit or use a deadly weapon			25.74.4.5.3.7.5.



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 INFORMAT	rlington Police Department		
Address 620 W. Divisi	on Street		
City Arlington, Texas	10、10 March 10 March	Zip Code 76011	
Telephone Number (817)	459-5667		
Signature of Director of Age	ncy/Facility (Required) // Williams Sergeant Lewis Coggesha	Blue 10/4/15	
Email of Person Filling Out F	lewis.coggeshall@arlingto	ntx.gov	
1. WHAT WAS THE INJURED O	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
Male Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE'AT TIME OF INCIDENT?		9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?	
(Mark one based on information i	R DECEASED'S RACE/ETHNICTY? eported on state driver license application, state ther government reported identification if available at evailable.)	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one) American Indian Black or African American	
☐ American Indian	Black or African American	or Alaska Native	
or Alaska Native	☐ Hispanic or Latino	☑ Anglo or White ☐ Other	
☐ Anglo or White	Other	Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month September Day	25 _{Year} 2015	2 On Duty Off Duty	
Month Day	Icel	12. PEAGE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
5. LOCATION OF INCIDENT Street address 500 N. C	ooper Street	VI Yes □ No	
City Arlington, Texas		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Tarrant Zip 76012		☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
Ø Injury ☐ Death		☐ Execution of a warrant	
2013年14月1日 新州市等於建設監督於1度(201		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Ø Other - Specify type of call	
Carried, exhibited or used a deadly weapon		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 10/08/201	5		
AGENCY/FACILITY INFORMATIO			
Address 620 W. Divisio	n Street		
City Arlington, Texas		Zip Gode	76011
Telephone Number (817) 4	159-5667		
Signature of Director of Agent Name of Person Filling Out For Email of Person Filling Out For	cy/Facility (Required) Sergeant Lewis Coggesha lewis.coggeshall@arlingto	#1360 ntx.gov	
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE OF	FFICER'S GENDER?
Male Female		Male Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?		9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
38	☐ Not Available	32	
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 evailable and known. If not available, mark not available.)		10. WHAT WAS THE PEACE (Mark only one)	DFFICER'S RACE/ETHNICITY?
☐ American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☐ Anglo or White	Other
☐ Anglo or White	□ Other	Asian or Pacific Islander	
Asian or Pacific Islander	or Pacific Islander Not Available		PEACE OFFICER WAS
4. DATE OF INCIDENT Month September Day	25 v. 2015	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
Month Copteriber Day	25 Year 2015	A CONTRACTOR OF THE PROPERTY O	SPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 500 N. Cooper Street		OR MORE OFFICERS:	
City Arlington, Texas		13. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:
County Tarrant	Zip <u>76012</u>	Emergency Call or Request for Assistance	
A. INCIDENT RESULTED IN:		☐ Traffic stop	
Ø Injury □ Death		☐ Execution of a warrant	
		☐ Hostage, barricade, or o	other emergency situation
7. INJURED OR DECEASED PER		Other - Specify type of o	call
Carried, exhibited or used a	s deadly weapon	Felony traffic stop	of Armed Robbery Suspect.



As required by Art. 2.139 of the Texas Code of Griminal 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 10/08/201	15		
ASENCY/FACILITY INFORMATI Name of Agency/Facility Ar Address 620 W. Division	lington Police Department		
City Arlington, Texas		Zin Cod	76011
Telephone Number (817)	459-5667		
Signature of Director of Ager	cy/Facility (Required) // // // Sergeant Lewis Coggesha	170 La 10/	apr
Email of Person Filling Out Fo	rm lewis.coggeshall@arlingto	nix.gov	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Ø Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENTS
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? sported on state driver license application, state ner government reported identification if evaluable available.)	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
☐ American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	Hispanic or Latino	☑ Anglo or White	Other
☐ Anglo or White	☐ Other	Asian or Pacific Islande	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT Month September Day 25 Year 2015		Ø On Duty □ Off Duty	
Month Day	25 Year 2015	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
5. LOCATION OF INCIDENT Street address 2700 W. I	Division Street	Ø Yes □ No	
City Arlington, Texas		13. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:
County Tarrant Zip 76012		☐ Emergency Call or Request for Assistance	
8. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ Injury □ Death		☐ Execution of a warrant	
		Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		☑ Other - Specify type of call	
☑ Carried, exhibited or used a deadly weapon ☐ Did not carry, exhibit or use a deadly weapon		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. 2.139 Gade of Criminal Procedure,

ACTION CAME TO THE CONTRACTOR			
AGENCY/FACILITY INFORMATION TO	wn of Ponder Police Departm	ent	
Address			
City 405 Shafffner Stre	et	Zin Code	76259
Telephone Number (940)		1	
Signature of Director of Agen	oy/Facility (Required)	severts	
Name of Person Filling Out Fo	rm Toby Crow	The state of the s	
Email of Person Filling Out Fo	tcrow@pondertx.com		
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		Male Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FRICER'S AGE AT THE TIME OF THE INCIDENT
41 years		34 years	
(Mark one based on information re	DECEASED'S RACE/ETHNICITY?	10. WHAT WAS THE PEACE (Merk only one)	OFFICER'S RACE/ETHNICITY?
identification card application, or off and known. If not evaluable, mark no	er government reported identification IT available ovallable.)	☐ American Indian	☐ Black or African American
☐ American Indian	Black or African American	or Alaska Native	☐ Hispanic or Letino
or Aleska Native	Hispanic or Latino	Anglo or White	☐ Other
☐ Anglo or Whita	☐ Other	Asian or Pacific Islande	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT		On Duty Off Duty	
Month 09 Day	27 Year	12. PEACE OFFICER WAS RE	ESPONDING TO CALL OR REQUEST WITH ONE
8. LOCATION OF INCIDENT		OR MORE OFFICERS:	
Street address 600 block	of Robinson Road	Ø Yes □ No	
City Ponder		18. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:
County Denton	76259 ☐ Emergency Call or Request for Assistance		est for Assistance
6. INCIDENT RESULTED IN:		☐ Treffic stop	
☐ injury ☑ Death		☐ Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		Other - Specify type of	call
☐ Cerried, exhibited or used ☐ Did not carry, exhibit or us		Officer initiated cal	I



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 cousing injury or death to another." Art. 2.139 Code of Criminal Procedure.

AGENCY/FACILITY INFORMATIO	N			
Name of Agency/Facility Ro	ckwall County Sheriff's Office			
Address 972 T.L. Town	send Drive			
City Rockwall		Zip Code	75087	
Telephone Number (972) 2	04-7001			
Signature of Director of Agend	cy/Facility (Required) / June 4	auense		
Name of Person Filling Out For	m Lt. Greg Welch			
Email of Person Filling Out For	gwelch@co.rockwall.tx.us	The state of the s		
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?	
☑ Male ☐ Female		☑ Male ☐ Female		
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT	
49 □ Not Available		33		
(Mark one based on information rep	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state er government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?	
and known. If not available, mark not		☐ American Indian	☐ Black or African American	
American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino	
or Alaska Native	☐ Hispanic or Latino	Anglo or White	□ Other	
Anglo or White	□ Other	Asian or Pacific Islander	r	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:	
4. DATE OF INCIDENT	30 Year 2015	💋 On Duty 🗆 Off Duty		
Month September Day	30 Year 2015	12. PEACE OFFICER WAS RE OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE	
5. LOCATION OF INCIDENT Street address 972 T.L. T	ownsend Drive	☐ Yes ☑ No		
City Rockwall	OWNSCIIG BIIVE			
County Rockwall	_{7in} 75087	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:		
County 11001144211	Zip /508/	☐ Emergency Call or Requ	est for Assistance	
B. INCIDENT RESULTED IN:		☐ Traffic stop		
🗹 Injury 🔲 Death	Injury Death		Execution of a warrant	
7. INJURED OR DECEASED PER	RON-	Hostage, barricade, or other emergency situation		
		Other − Specify type of company	call	
☑ Carried, exhibited or used a deadly weapon ☐ Did not carry, exhibit or use a deadly weapon		Accidental Dischar	ge	



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.

Zip Code 79118 Zip Code 79118 8. WHAT WAS THE PEACE OFFICER'S GENDER? Male Female	
8. WHAT WAS THE PEACE OFFICER'S GENDER?	
8. WHAT WAS THE PEACE OFFICER'S GENDER?	
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	
☑ Anglo or White □ Other	
☐ Asian or Pacific Islander	
11. DURING THE INCIDENT, PEACE OFFICER WAS:	
2 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	
Utner - 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.

	andall County Sheriff's Office		
Address 9100 S. Georg	jla .		
City Amarillo		Zip Code 79118	
Telephone Number (806)	168-5800		
Signature of Director of Agen Name of Person Filling Out Fo	m Captain Chris Forbis	All Whadson	
Email of Person Filling Out Fo	cforbis@rc-sheriff.com		
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
Ø Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENTS	
29 Not Available		28	
(Mark one based on information re identification card application, or oth	DECEASED'S RACE/ETHINICITY? ported on state driver license application, state or government reported identification if available	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Merk only one)	
and known. If not available, mark not American Indian	eveilable.) Black or African American	American Indian Black or African American	
or Alaska Native	Hispanic or Latino	or Alaska Native	
Anglo or White	Other	☐ Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	almere en	
		11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month 10 Day	02 _{Vear} 2015	Ø On Duty ☐ Off Duty	
William Cop	Vear 2015	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
5. LOCATION OF INCIDENT Street address 14800 XI	r Trail	☑ Yes □ No	
City Amarillo			
County Randall	Zip 79118	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County - Navidan	NAME OF THE PARTY	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☐ Injury		Execution of a warrant	
7. INJURED OR DECEASED PER	SON:	✓ Hostage, barricade, or other emergency situation ☐ Other — Specify type of call	
Carried, exhibited or used	a deadly weapon	Li cuital Openity type of seat	
Did not carry, exhibit or us	a a deadly weapon		



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"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 INFORMATIO	ON .		
Name of Adency/Facility MI	DLAND COUNTY SHERIFF'S	OFFICE	
Address 400 SOUTH N	MAIN		
City MIDLAND		Zip Code	79701
Telephone Number (432)	688-4600	1	
Signature of Director of Agen	cy/Facility (Required) Maus	fairthe, Sheigh	
Name of Person Filling Out Fo	LT. DONALD GRAHAM	, , ,	
Email of Person Filling Out Fo	SOPAT104@CO.MIDLAN	D.TX.US	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT?
22	☐ Not Available	e 58	
(Mark one based on information re identification card application, or oth	R DECEASED'S RACE/ETHNICITY? ported on state driver license application, state ner government reported identification if available	(Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not American Indian	avaliable) □ Black or African American	American Indian	Black or African American
or Alaska Native	Mispanic or Latino	or Alaska Native Anglo or White	☐ Hispanic or Latino ☐ Other
☐ Anglo or White	Other	☐ Asian or Pacific Islande	
Asian or Pacific Islander	☐ Not Available		
A ALEX OF IMAINPAIN		11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT Month 10 Day	03 _{Year} 2015	On Duty Off Duty	
Month boy _	ical	12. PEACE OFFICER WAS RE OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 5300 BLK	THOMASON	Z Yes No	
Street address 5500 BER	THOMASON		
County MIDLAND	_{Zip} 79703	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County MIDD 41D		☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop ☐ Execution of a warrant	
☑ Injury ☐ Death			
7. INJURED OR DECEASED PER	SON:	☐ Hostage, barricade, or other emergency situation ☐ Other – Specify type of call	
Carried, exhibited or used a	a deadly weapon		
□ Did not carry, exhibit or use a deadly weapon		Investigation of criminal activity	



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 cousing injury or death to another." Art. 2.139 Code of Criminal Procedure.

AGENCY/FACILITY INFORMATI	ON		
Name of Agency/Facility Hu	urst Police Department		
Address 825-A Thousa	and Oaks Drive		
City Hurst		Zip Cod	_e 76054
Telephone Number (817)	788-7125		
Signature of Director of Ager	cv/Facility (Required)	1001	e
Name of Person Filling Out Fo	Steve Niekamp- Assistant	Chief of Police	
Email of Person Filling Out Fo	sniekamp@hursttx.gov		
1. WHAT WAS THE INJURED O	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
51 Not Available		30	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? sported on state driver license application, state	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark no	her government reported identification if available t available.)	☐ American Indian	☐ Black or African American
American Indian	☐ Black or African American	or Alaska Native	☑ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☐ Anglo or White	☐ Other
Anglo or White	□ Other	Asian or Pacific Islande	ar
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT	05 2015	On Duty Off Duty	
Month October Day	05 Year 2015	12. PEAGE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT Street address 1304 We	st Redbud	✓ Yes □ No	
City Hurst		13 INCIDENT OCCURRED O	DURING OR AS A RESULT OF A:
County Tarrant Zip 76053		☑ Emergency Call or Request for Assistance	
		☐ Traffic stop	
6, INCIDENT RESULTED IN:		☐ Execution of a warrant	
☐ Injury		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER	ISON:	Other – Specify type of call	
Carried, exhibited or used	a deadly weapon		
Did not carry, exhibit or us	e a deadly weapon		



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.

Table Visit All Politican Line			
AGENCY/FACILITY INFORMATION SO	onora Police Department		
Address 609 S. Water	Avenue	Article	-
City Sonora		7io Cad	76950
Telephone Number (325)	387-3888	Zip G00	
	cy/Facility (Required)	R Dollar	
Name of Person Filling Out Fo	Melissa Fuentes, Administ	rative Assistant	
Email of Person Filling Out Fo	sonorapd@sonora-texas.c	om	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
☑ Male ☐ Female		Male Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
39 □ Not Available		63	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? ported on state driver license application, state her government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark no		☐ American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	2 Anglo or White	□ Other
Anglo or White	Other	Asian or Pacific Islander	
Asian or Pacific Islander	□ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month October Day	08 _{Year} 2015	Ø On Duty ☐ Off Duty	
- John -	00 Year2015	12. PEACE OFFICER WAS R	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 417 HWY	277 N	Ø Yes □ No	
City Sonora			
County Sutton Zip 76950		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
		☑ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop ☐ Execution of a warrant	
Ø injury □ Death		Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER	ISON:	Other - Specify type of call	
Carried, exhibited or used	a deadly weapon		
Did not carry, exhibit or us	e a deadly weapon		



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

A (/ A	
Zip Code 77002	
WAS THE PEACE OFFICER'S GENDER?	
Female	
WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
AT WAS THE PEACE OFFICER'S RACE/ETHNICITY?	
rican Indian Black or African American	
laska Native Hispanic or Latino	
o or White Other	
n or Pacific Islander	
RING THE INCIDENT, PEACE OFFICER WAS:	
outy 🗹 Off Duty	
ACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ON	
OR MORE OFFICERS:	
₩2 NO	
13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
Emergency Call or Request for Assistance	
fic stop	
cution of a warrant	
tage, barricade, or other emergency situation	
☑ Other - Specify type of call	
mpted Robbery of Police Officer	
h	



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 INFORMATIO)N		
Name of Agency/Facility HC	OUSTON POLICE DEPARTME	NT	
Address 1200 TRAVIS			
City HOUSTON	and the second of the second o	Zip Code	77002
Telephone Number (713) 3	308-3642		
Signature of Director of Agen	cy/Facility (Required)		
Name of Person Filling Out Fo	SERGEANT ODON BELM	AREZ \	
Email of Person Filling Out Fo	odon.belmarez@houstonp	olice.org	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	B. WHAT WAS THE PEACE O	FFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
22 Not Available		53	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? eported on state driver license application, state her government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark no		American Indian	🔀 Black or African American
American Indian	☐ Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	Hispanic or Latino	☐ Anglo or White	□ Other
☐ Anglo or White	□ Other	Asian or Pacific Islande	er
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT		Ø On Duty □ Off Duty	
Month 10 Day			ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	
Street address 777 Bate	swood Dr	Yes No	
		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Harris Zip 77079		☑ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
Ø Injury □ Death		☐ Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		□ Other – Specify type of call	
Carried, exhibited or used	1 a deadly weapon		



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 10/27/201	5		
AGENCY/FACILITY INFORMATI	ON		
Name of Agency/Facility HC	DUSTON POLICE DEPARTM	ENT	
Address 1200 TRAVIS			
City HOUSTON		Zip Code	77002
Telephone Number (713)	308-3642	1111	
Signature of Director of Ager	ncy/Facility (Required)	1/4/	
Name of Person Filling Out Fo	SERGEANT ODON BELM	ARESUL	
Email of Person Filling Out Fo	odon.belmarez@houstonp	olice.org	
1. WHAT WAS THE INJURED O	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		☑ Male ☐ Female	
2 WHAT WAS THE IN HIPED O	D DECEASED'S ACE AT TIME OF INCIDENTS	O WHAT WAS THE DEACE O	EEICED'S AGE AT THE TIME OF THE INCIDENT:
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?		9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?	
22	E NOT AVAILABLE	49,40,35	
	R DECEASED'S RACE/ETHNICITY? eported on state driver license application, state	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
	ther government reported identification if available	American Indian	Black or African American
American Indian	2 Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	2 Anglo or White	Other
☐ Anglo or White	☐ Other	Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available		
A DATE OF MAINTING		11. DURING THE INCIDENT	, PEACE OFFICER WAS:
4. DATE OF INCIDENT Month 10 Day	15 _{Year} 2015	On Duty Off Duty	
	15	12. PEACE OFFICER WAS R	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT	TIDWELL DD	ØYes □ No	
Street address 7844 W.	TIDWELL RD		
City Houston	77040	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Harris	Zip 77040	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ Injury □ Death		☐ Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Other - Specify type of call	
☐ Carried, exhibited or use ☐ Did not carry, exhibit or u		Robbery Sting Op	eration, 3 officers discharged



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 INFORMATIO			
Name of Agency/Facility HC	OUSTON POLICE DEPARTME	ENT	
Address 1200 TRAVIS			
City HOUSTON		Zip Code	77002
Telephone Number (713) 3	308-3642	1,1,	
Signature of Director of Agen	cy/Facility (Required)	11.1	
Name of Person Filling Out Fo	SERGEANT ODON BELM	AREZ	
Email of Person Filling Out Fo	odon.belmarez@houstonp	olice.org /	
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	B, WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
20	☐ Not Available	49,40,35	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY?	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
identification card application, or other and known if not available, mark not	ner government reported identification if available t available.)	American Indian	☐ Black or African American
☐ American Indian	☑ Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	🗷 Anglo or White	☐ Other
☐ Anglo or White	□ Other	Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT		☑ On Duty ☐ Off Duty	
Month 10 Day	15 _{Year} 2015	A 25 C C 214 C 24 C 24 C 24 C 24 C 24 C 24 C	
		12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT Street address 7844 W.	TIDWELL RD	ZÍYes □ No	
City Houston	HOWELL NO		
County Harris Zip 77040		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Trains	Zip 17040	Emergency Call or Req	uest for Assistance
6. ENGDENT RESULTED IN:		☐ Traffic stop	
☐ Injury ☑ Death		Execution of a warrant	
7. ENJURED OR DECEASED PERSON:		☐ Hostage, barricade, or other emergency situation	
☑ Carried, exhibited or used		Other - Specify type of	
Didnot carry, exhibit or u		Robbery Sting Op	eration, 3 officers discharged



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AGENCY/FACILITY INFORMATION	ON		
Name of Agency/Facility HC	DUSTON POLICE DEPARTM	ENT	
Address 1200 TRAVIS			
City HOUSTON		Zip Code	77002
Telephone Number (713)	308-3642	111,1	
Signature of Director of Agen	cy/Facility (Required)	Man	
Name of Person Filling Out Fo	SERGEANT ODON BELM	AREZ	
Email of Person Filling Out Fo	odon.belmarez@houstonp	olice.org	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☑ Male ☐ Female		Male Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
27 Not Available		52	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? exported on state driver license application, state her government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark no		American Indian	☐ Black or African American
☐ American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	Hispanic or Latino	Anglo or White	☐ Other
Anglo or White	□ Other	Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT Month 10 Day	16 Year 2015	2 On Duty Gff Duty	
wionen ouy	10 Year 2015	12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT Street address 913 Pana	ama	Ø Yes □ No	
City Houston		13. INCIDENT OCCURRED D	DURING OR AS A RESULT OF A:
County Harris Zip 77009		☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
		Execution of a warrant	
☐ Injury ☐ Death		☑ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Other - Specify type of	
☑ Carried, exhibited or used	a deadly weapon		
Did not carry, exhibit or us	se a deadly weapon		



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 linearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

AGENCY/FACILITY INFORMATION	(A)	
Name of Agency/Facility Terrell Police Department		
Address PO Box 310/201 E. Nash St.	25 先成公司的1865 (1960年) 1960 A	
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	hy	
Email of Person Filling Out Form skepner@cityofterrell.org		
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
☑ Male ☐ Female	☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDEN	? 9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?	
64 □ Not Available	29	
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 evallable, mark not evallable.)	American Indian Black or African American	
American Indian Black or African American	or Alaska Native Alispanic or Latino	
or Alaska Native	☐ Anglo or White ☐ Other ☐ Asian or Pacific Islander	
☐ Asian or Pacific Islander ☐ Not Available	Asian of Facilic Islander	
C Asian of Facility States.	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT	2 On Duty Off Duty	
Month 10 23	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
Street address 15187 County Road 236	☑ Yes □ No	
City Terrell	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Kaufman Zip 75160	- Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:	■ Traffic stop	
☑ Injury ☐ Death	Execution of a warrant	
	Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:	Other - Specify type of call	
☑ Carried, exhibited or used a deadly weapon ☐ Did not carry, exhibit or use a deadly weapon	TAN DE PROPERTY DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTIO	



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 cousing injury or death to another." Art. 2.139 Code of Criminal Procedure.

ABENCY/FACILITY INFORMATION TO	on xas Department of Public Saf	etv	
Address 5805 North La	mar Boulevard		
City Austin		Zip Code	78752
Telephone Number (512)	124-2000		
Signature of Director of Agen Name of Person Filling Out Fo		n C. MI	a la
Email of Person Filling Out Fo	m 11910.Lumaide@apa.texas.	901	
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		Ø Mate ☐ Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFIGER'S AGE AT THE TIME OF THE INCIDENT
55	☐ Not Available		
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state ser government reported identification if available available)	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☑ Anglo or White	□ Other
2 Anglo or White	☐ Other	Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	14 DUDING THE MODELY	DELAÉ ACRISES WAS
4. DATE OF INCIDENT		11. DURING THE INCIDENT, PEACE OFFICER WAS:	
Month October Day	29 Year 2015	Y	
a TOURING DE MOMENA		12. PEAGE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ON
Street address CR190, 1/2 mile West on FM 651.		ØYes □ No	
City Three (3) miles So		13 IMPIDENT OPPODES D	URING OR AS A RESULT OF A:
County Crosby	zip 79322	Emergency Call or Request for Assistance	
		☐ Traffic stop	ruot fui modiscumu
8. INCIDENT RESULTED IN:		Execution of a warrant	
☑ injury ☐ Death		☑ Hostage, barricade, or other emergency situation	
7. INJURED OR OECEABED PERSON:		Other - Specify type of	
Carried, exhibited or used	a deadly weapon		
Did not carry, exhibit or us	e a deadly wearon		

: # 1/ 1



11-02-15:01:21PM:

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 o firearm causing injury or death to another." Art. 2.150 Gods of Criminal Procedure,

AGENCY/FACILITY INFORMATIO	IN		
Name of Agency/Facility Sart	rpus Christi Police Departmen	ıı	-
City Corpus Christi		Yin Ones.	Texas
Telephone Number (361) 8	386-2600	21p Gode	
Signature of Director of Asian	cy/Fecility (Required) 8/0 Robert Burton #6860	vr-Ind	1789
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		Male Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 20		9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENTS	
3. WHAT WAS THE IMPURED OF OMERK one based on information re identification eard application, or of and known. If not available, mark not a American Indian or Alaska Native	DECEASED'S RACE/ETHNICITY? ported on state africe license application, state or government reported identification if available available. Black or African American Hispanic or Latino Other	10. WHAT WAS THE PEACE (Merk only one) American Indian or Alaska Native Anglo or White Asian or Pacific Islande	OFFICER'S RACE/ETHNICITY? Black or African American Hispanic or Lating Other
Asian or Pacific Islander 4. DATE OF INCIDENT Month 10 Day	□ Not Available 30 Year 2015	11. DURING THE INCIDENT.	PEACE OFFICER WAS:
5. LOCATION OF INCIDENT Street address 6313 Saint Denis		12. PEACE OFFICER WAS R OR MORE OFFICERS: 2 Yes No	ESPONDING TO CALL OR REQUEST WITH ONE
County Nueces	zip 78414	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: LE Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN: ② Injury □ Cesth		□ Traffic stop □ Execution of a warrant □ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER	a deadly weapon	Other - Specify type of	



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 on 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			
Name of Agency/Facility Dallas	Police Department		
Address 1400 South Lama	r Street		
City Dallas		Zip Code	75215
Telephone Number (214) 671-	3654		
Signature of Director of Agency/Fa	cility (Required) MAT. 2		
Name of Person Filling Out Form	Sergeant E. Merritt #8112		
Email of Person Filling Out Form	.merritt@dpd.dallascityha	all.com	
1. WHAT WAS THE INJURED OR DEC	EASED'S GENDER?	8. WHAT WAS THE PEACE OF	FFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR DEC	EASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FICER'S AGE AT THE TIME OF THE INCIDENT
66	☐ Not Available	38	
3. WHAT WAS THE INJURED OR DEC	on state driver license application, state	10. WHAT WAS THE PEACE ((Mark only one)	DFFICER'S RACE/ETHNICITY?
identification card application, or other gov and known. If not available, mark not availa		☐ American Indian	☐ Black or African American
☐ American Indian ☐	Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	Hispanic or Latino	Anglo or White	☐ Other
Anglo or White	1 Other	Asian or Pacific Islander	
Asian or Pacific Islander	Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		Ø On Duty □ Off Duty	
Month October Day 3	30 Year 2015	12 DEACE DEFICER WAS RE	SPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	or or other to other on the goest titling one
Street address 4243 Polk Str	reet	☐ Yes Ø No	
City Dallas		13. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:
County Dallas	Zip 75224	☐ Emergency Call or Request for Assistance	
		☐ Traffic stop	
6. INCIDENT RESULTED IN:		☐ Execution of a warrant	
☑ Injury □ Death		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		☑ Other - Specify type of call	
☑ Carried, exhibited or used a deadly weapon □ Did not carry, exhibit or use a deadly weapon			er is Department of Veterans



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"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 INFORMATIO	N squite Police Department		
Name of Agency/Facility Management Address 777 N. Gallow	av Ave.	TOTAL TO THE TO	
City Mesquite		Zin Code	75149
Telephone Number (972) 2	16-6759	10	
Signature of Director of Agend	cy/facility (Required) Sgt. B. Meyer # 804		
Email of Person Filling Out For	bmeyer@mesquitepolice.o	rg	
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		Male Female	
2. WHAT WAS THE INJURED OR 29	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT?
WHAT WAS THE INJURED OR (Mark one based on information repidentification card application, or other and known if not available, mark not	ported on state driver license application, state or government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
☐ American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	Hispanic or Letino	☑ Anglo or White	☐ Other
☐ Anglo or White	□ Other	☐ Asien or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT Month 10 Day	30 Year 2015	Ø On Duty ☐ Off Duty	
WOTEN -	logi	12. PEACE OFFICER WAS RE OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 18600 IH (635	Ø Yes □ No	
City Mesquite	-2010	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Dallas	Zip 75 <u>11</u> 50	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☐ Injury		☐ Execution of a warrant	
7. INJURED OR DECEASED PERSON:		Mostage, barricade, or other emergency situation	
7. INJURED OR DECEASED FERSON: Great Carried, exhibited or used a deadly weapon		Other - Specify type of o	CBII
Did not carry, exhibit or use			



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.

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

AGENCY/FACILITY INFORMATION		
Name of Agency/Facility Mesquite Police Department		
Address 777 N. Galloway Ave.	Zip Code 75149	
Telephone Number (972) 216-6759	Zip Code 15 15	
Signature of Director of Agency/Facility (Required)	and the second	
Name of Person Filling Out Form Sgt. B. Meyer # 804		
Email of Person Filling Out Form bmeyer@mesquitepolice	o.org	
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
☑ Male ☐ Female	Ø Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDEN	7. 9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT:	
29 🗆 Not Available	32	
WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state driver license application, stated driver license application of other government reported identification if available.	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)	
and known, if not available, mark not available.)	☐ American Indian ☐ Black or African American	
☐ American Indian ☐ Black or African American	or Alaska Native 🔲 Hispanic or Latino	
or Alaska Native	☑ Anglo or White □ Other	
☐ Anglo or White ☐ Other	Asian or Pacific Islander	
☐ Asian or Pacific Islander ☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month 10 Day 30 Year 2015	Ø On Duty □ Off Duty	
	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
5. LOGATION OF INCIDENT Street address 18600 IH 635	ZÍYes □ No	
City Mesquite		
County Dallas Zip 75150	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County	Emergency Cell or Request for Assistance	
6. INCIDENT RESULTED IN:	☐ Treffic stop	
☐ Injury ☑ Death	☐ Execution of a warrant	
7. INJURED OR DECEASED PERSON:	Hostage, barricade, or other emergency situation	
Carried, exhibited or used a deadly weapon	Other - Specify type of call	
Cl Did not carry exhibit or use a deadly weapon	a Legendre and the vivie of the faction of the second	



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. 2.159 Code of Criminal Procedure.

AGENCY/FACILITY INFORMATION		
Name of Agency/Facility Texas Department of Public Saf	ety	
Address 5805 N. Lamar Blvd.		
City Austin	Zip Code 78752	
Telephone Number (512) 424-2000		
Signature of Director of Agency/Facility (Required)	C. M. Can	
Name of Person Filling Out Form Richard Zaborowski, Serge	Bent	
Email of Person Filling Out Form richard.zaborowski@dps.t	exas.gov	
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
☑ Maie ☐ Fernale	Ø Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	8. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
29 E Not Available	32	
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? Oterklone based on information reported on state driver license application, state	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?	
identification cord application, or other government reported identification if available and known. If not available, mark not available,	☐ American Indian ☐ Black or African American	
☐ American Indian ☐ Black or African American	or Alaska Native	
or Alaska Native II Hispanic or Latino	Ø Anglo or White □ Other	
☐ Anglo or White ☐ Other	Asian or Pacific Islander	
☐ Asian or Pacific Islander ☐ Not Aveilable	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT	Ø on Duty □:Off Duty	
Month October Day 30 Year 2015		
Section 1997	12. PEACE OFFICER WAS RESPONDING TO GALL OR REQUEST WITH ONE OR MORE OFFICERS:	
5. LOCATION OF INCIDENT Street address 18400 LIBJ Pwy.	☑ Yes □ No	
City Mesquite	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Dellas zip 75150	Emergency Call or Request for Assistance	
是是"我们是是一个人,我们就是一个人,我们就是一个人。" 第一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们	☑ Treffic stop	
8. INCIDENT RESULTED IN:	☐ Execution of a warrant	
☑ injury ☑ Death	Hostage, barricade, or other emergency situation	
7, INJURED OR DECEASED PERSON:	1 Other - Specify type of call	
Carried, exhibited or used a deadly weapon		
Did not carry, exhibit or use a deadly weapon		



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 INFORMATIO			
HUMBO OF ARCHIEF/ FECINICA	OUSTON POLICE DEPARTME	ENT	
Address 1200 TRAVIS			77000
City HOUSTON		Zip Code	77002
Telephone Number (713) 3	308-3642	1 1 1 0	
Signature of Director of Agend	cy/Facility (Required) 1200	ADEZ Ketiz C	bul of Palice
Name of Person Filling Out For	SERGEANT ODON BELM	AREZ	
Email of Person Filling Out For	odon.belmarez@houstonp	olice.org	
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		☑ Male ☐ Female	
O WHAT WAS THE IN HIRED OR	DEGENERAL ACT AT TIME OF IMMERITA	O WILLT WAS THE DEADE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?			FFIGER 5 AGE AT THE TIME UP THE INGIDENT
24	□ Not Available	ot Available 40, 35	
	DECEASED'S RACE/ETHNICITY?	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
identification card application, or oth and known. If not available, mark not	ner government reported identification if available	American Indian	Black or African American
☐ American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	Hispanic or Latino	☑ Anglo or White	☐ Other
☐ Anglo or White	□ Other	Asian or Pacific Islande	or .
☐ Asian or Pacific Islander	☐ Not Available	44 BURNING THE INGIRENT	DEAD OFFICED WAS
4. DATE OF INCIDENT		11. DURING THE INCIDENT, PEACE OFFICER WAS: 2 On Duty Off Duty	
Month 10 Day	30 _{Year} 2015	an outy Lion buty	
with the state of	1981	12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT	storone Momerial	OK MORE OFFICERS:	
Street address 13630 Ve	Refails Welfforlai	Cles Club	
City Houston	Zip 77014	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Harris	Zip 77014	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☐ Injury		Execution of a warrant	
7. INJURED OR DECEASED PERSON:		Hostage, barricade, or other emergency situation	
☑ Carried, exhibited or used a deadly weapon		Other - Specify type of call	
Did not carry, exhibit or use a deadly weapon		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.

Name of Agency/Facility HOUSTON POLICE DEPARTMENT Address 1200 TRAVIS City HOUSTON Telephone Number (713) 308-3642 Signature of Director of Agency/Facility (Required) LOUGH AREZ Signature of Director of Agency/Facility (Required) LOUGH AREZ SERGEANT ODON BELMAREZ Odon. belmarez@houstonpolice.org 1. WHAT WAS THE INJURED OR DECEASED'S GENDER? Male Female 2. WHAT WAS THE INJURED OR DECEASED'S GENDER? Male Female 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 25. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? Whist one based on information reported on state driver license application, state identification and application, or other government reported identification if available and known. If or available, and write with a willable and known. If or available, and write mile a willable and known for available, and 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 13. INCIDENT, PEACE OFFICER WAS: City HOUSTON 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 140 ther - Specify type of call 140 th	AGENCY/FACILITY INFORMATIO	N		
Address 1200 TRAVIS City HOUSTON	Name of Agency/Facility HO	USTON POLICE DEPARTM	ENT	
Telephone Number (713) 308-3642 Signature of Director of Agency/Facility (Required) USUAL CALL OF Palice Name of Person Filling Out Form SERGEANT ODON BELMAREZ Email of Person Filling Out Form Odon. Delmarez@houstonpolice.org 1. WHAT WAS THE INJURED OR DECEASED'S GENDER? 2. WHAT WAS THE INJURED OR DECEASED'S GENDER? 3. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 40, 35 3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? 1. What was THE INJURED OR DECEASED'S RACE/ETHNICITY? 1. What was THE PEACE OFFICER'S AGE AT TIME OF THE INC 40, 35 1. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? 2. What was THE PEACE OFFICER'S RACE/ETHNICITY? 2. What was THE PEACE OFFICER'S RACE/ETHNICITY? 3. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? 4. On American Indian Black or African American or Alaska Native Hispanic or Latino American Indian Black or African American or Alaska Native Hispanic or Latino American Indian Black or African American or Alaska Native Hispanic or Latino American Indian Black or African American or Alaska Native Hispanic or Latino American Indian Black or African American or Alaska Native Hispanic or Latino American Indian Black or African American or Alaska Native Hispanic or Latino American Indian Black or African American or Alaska Native Hispanic or Latino American Indian Black or African American or Alaska Native Hispanic or Latino American Indian Black or African American or Alaska Native Hispanic or Latino American Indian Black or African American or Alaska Native Hispanic or Lati	Address 1200 TRAVIS			
Telephone Number (713) 308-3642 Signature of Director of Agency/Facility (Required)	City HOUSTON		Zip Code	_e 77002
Signature of Director of Agency/Facility (Required) USULEN-Live Acting Church Palice Name of Person Filling Out Form SERGEANT ODON BELMAREZ odon.belmarez@houstonpolice.org 1. WHAT WAS THE INJURED OR DECEASED'S GENDER? [Male Female Female Male Female	Telephone Number (713) 3	08-3642		
Name of Person Filling Out Form SERGEANT ODON BELMAREZ	Signature of Director of Agend	cy/Facility (Required) U 9 Ulons	felvo Actic	Child Police
Email of Person Filling Out Form Odon. DelmareZ@houstonpolice.org 1. WHAT WAS THE INJURED OR DECEASED'S GENDER? 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 25	Name of Person Filling Out For	m SERGEANT ODON BELM	AREZ	5 (
Male Female Male Female Male Female Male Female Male Female S. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? S. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? Mark one based on information reported on state driver license application, state (identification or deposition) or other government reported identification if available and known. If not available, mark not available. American Indian Male Black or African American American Indian Male Hispanic or Latino Manglo or White Other Masian or Pacific Islander Mot Available Masian or Pacific Islander Mot Available Masian or Pacific Islander Mot Available Male	Email of Person Filling Out For	m odon.belmarez@houstonp	olice.org	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 25	1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
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	☑ Male ☐ Female		☑ Male ☐ Female	
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	2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	OFFICER'S AGE AT THE TIME OF THE INCIDENT?
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 American Indian Indi	25 Not Available		40, 35	
American Indian	(Mark one based on information re	ported on state driver license application, state		OFFICER'S RACE/ETHNICITY?
or Alaska Native			American Indian	☐ Black or African American
Asian or Pacific Islander Asian or Pacific Islander Not Available 11. DURING THE INCIDENT, PEACE OFFICER WAS: 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 Injury Death 7. INJURED OR DECEASED PERSON: Asian or Pacific Islander 11. DURING THE INCIDENT, PEACE OFFICER WAS: 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH OR MORE OFFICERS: 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH OR MORE OFFICERS: 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 14. Other - Specify type of call	American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino
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: Injury Other – Specify type of call	or Alaska Native	Hispanic or Latino	Anglo or White	☐ Other
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: Dinjury Death 11. DURING THE INCIDENT, PEACE OFFICER WAS: On Duty 0ff Duty 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH OR MORE OFFICERS: 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 7. INJURED OR DECEASED PERSON: 11. DURING THE INCIDENT, PEACE OFFICER WAS: On Duty 0ff Duty 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH OR MORE OFFICERS: 13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: Emergency Call or Request for Assistance Execution of a warrant Hostage, barricade, or other emergency situation 7. INJURED OR DECEASED PERSON: 11. DURING THE INCIDENT, PEACE OFFICER WAS: 12. PEACE OFFICER WAS: 12. PEACE OFFICER WAS: 13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: Emergency Call or Request for Assistance Execution of a warrant Hostage, barricade, or other emergency situation 15. INCIDENT OCCURRED DURING OR AS A RESULT OF A: 16. INCIDENT RESULTED IN: 17. INJURED OR DECEASED PERSON: 18. Other - Specify type of call	☐ Anglo or White	□ Other	Asian or Pacific Islande	er
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 County Harris Zip 77014 County Death County Death County Death County December Of Duty Off Duty 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH OR MORE OFFICERS: Location of 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 Tother – Specify type of call Control of Carried exhibited or used a deadly weapons	Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT	PEACE OFFICER WAS:
12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WIT OR MORE OFFICERS: Street address 13630 Veterans Memorial City Houston County Harris Zip 77014 Emergency Call or Request for Assistance Injury Death Traffic stop Execution of a warrant Hostage, barricade, or other emergency situation 7. INJURED OR DECEASED PERSON:	40	30 2015		
Street address 13630 Veterans Memorial City Houston County Harris Zip 77014 Emergency Call or Request for Assistance Injury Death Traffic stop Execution of a warrant Hostage, barricade, or other emergency situation Tother - Specify type of call	Month	98ar		RESPONDING TO CALL OR REQUEST WITH ONE
County Harris Zip 77014		eterans Memorial		
6. INCIDENT RESULTED IN: Injury Death Execution of a warrant Hostage, barricade, or other emergency situation 7. INJURED OR DECEASED PERSON: Other – Specify type of call			DURING OR AS A RESULT OF A:	
6. INCIDENT RESULTED IN: ☐ Injury ☐ Death ☐ Execution of a warrant ☐ Hostage, barricade, or other emergency situation 7. INJURED OR DECEASED PERSON: ☐ Other - Specify type of call	County Harris Zip 77014 Emergency Call or Request for Assistance		quest for Assistance	
☐ Injury ☐ Death ☐ Execution of a warrant ☐ Hostage, barricade, or other emergency situation 7. INJURED OR DECEASED PERSON: ☐ Other - Specify type of call				
7. INJURED OR DECEASED PERSON: Other - Specify type of call Other - Specify type of call				
Corried exhibited or used a deadly weapon	Langury 200000		☐ Hostage, barricade, or other emergency situation	
Z Carried, exhibited or used a deadly weapon	7. INJURED OR DECEASED PERSON:		☑ Other – Specify type of call	
ROBBERY STING	Carried, exhibited or used a deadly weapon		ROBBERY STING	3



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 INFORMATIO	N Comment		
Name of Agency/Facility HO	USTON POLICE DEPARTM	ENT	
Address 1200 TRAVIS			
City HOUSTON		Zip Code	77002
Telephone Number (713) 3	308-3642		
Signature of Director of Agend	cy/Facility (Required) JUDILLO	ntil Active	Chief of Police
Name of Person Filling Out For	SERGEANT ODON BELM	AREZ	
Email of Person Filling Out For	odon.belmarez@houstonp	olice.org	
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
24	☐ Not Available	40, 35	
(Mark one based on information re identification card application, or oth	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state er government reported identification if available	(Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not		American Indian	Black or African American
American Indian	Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino ☐ Other	Anglo or White	□ Other
Anglo or White	- Z 10 10 10 10 10 10 10 10 10 10 10 10 10	Asian or Pacific Islande	er .
Asian or Pacific Islander	□ Not Available	11. DURING THE INCIDENT,	, PEACE OFFICER WAS:
4. DATE OF INCIDENT		On Duty Off Duty	
Month 10 Day _	30 Year 2015	12. PEACE OFFICER WAS R	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 13630 Ve	eterans Memorial	Ø Yes □ No	
City Houston	100 1,000	13. INCIDENT OCCURRED E	DURING OR AS A RESULT OF A:
County Harris	Zip 77014	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ Injury ☐ Death		☐ Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		Other - Specify type of	call
Carried, exhibited or used		ROBBERY STING	
Did not carry, exhibit or us	se a deadly weapon		



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"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 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)	hy	
Name of Person Filling Out Form Sgt. S.A. Kepner	Vicinity of the second	
Email of Person Filling Out Form skepner@cityofterrell.org		
	A WHAT WAS THE DEADS OFFICED OF ADAPTED	
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
☑ Male ☐ Female	☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
28 □ Not Available	41	
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	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one) American Indian Black or African American or Alaska Native Hispanic or Latino	
or Alaska Native	☑ Anglo or White ☐ Other	
☐ Anglo or White ☐ Other	☐ Asian or Pacific Islander	
☐ Asian or Pacific Islander ☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT	Ø on Duty ☐ Off Duty	
Month 10 Day 31 Year 2015		
	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
5. LOCATION OF INCIDENT	Ø Yes □ No	
Street address 300 Wall Street	2 168 110	
City Terrell 75460	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Kaufman Zip 75160	☑ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:	☐ Treffic stop	
☑ Injury ☐ Death	☐ Execution of a warrant	
	☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:	☐ Other - Specify type of call	
Carried, exhibited or used a deadly weapon		
☐ Did not carry, exhibit or use a deadly weapon		



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 11/06/201	5		
AGENCY/FACILITY INFORMATION	ON		
Name of Agency/FacilityW	aco Police Department		
Address 3115 Pine Av	enue		
City Waco		Zip Code	76708
Telephone Number (254)	750-7500 A		
Signature of Director of Agen	cy/Facility (Required)	tramer	_
Name of Person Filling Out Fo	V.R. Price, Jr., Sergeant		
Email of Person Filling Out Fo	rm_jprice@wacotx.gov		
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
25	☐ Not Available	41	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? eported on state driver license application, state her government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark no	t available.)	American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	Hispanic or Latino	Anglo or White	□ Other
Anglo or White	Other	Asian or Pacific Islande	r.
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT Month October Day	31 _{Year} 2015	💋 On Duty 🔲 Off Duty	
Month	31 Year 2015	12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT Street address 4000 N.	19th Street	Ø Yes □ No	
City Waco		12 INCIDENT OCCUPATO	MIDING OD AS A BESILIT OF A.
County McLennan	Zip 76708	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
		Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ Injury □ Death		☐ Execution of a warrant ☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER	RSON:		call
☑ Carried, exhibited or used	a deadly weapon	- other opening type of	****
Did not carry, exhibit or us	e a deadly weapon		



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"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.

Zip Code 77002 Zip Code 77002 ACTUS Chief of Police MAREZ Dolice.org 8. WHAT WAS THE PEACE OFFICER'S GENDER?	
MAREZ police.org	
MAREZ police.org	
police.org	
police.org	
police.org	
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:	
Ø Yes □ No	
13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
☐ Emergency Call or Request for Assistance	
■	
☐ Execution of a warrant	
☐ Hostage, barricade, or other emergency situation	
Other - Specify type of call	



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"Officer-involved injury or death" means an incident during which a peace officer discharges a firearm cousing injury or death to another." Art 2 139 Code of Criminal Procedure

AGENCY/FACILITY INFORMATION	ON			
Name of Agency/Facility Da	llas Police Department			
Address 1400 S. Lama	r Street			
_{City} Dallas		Zip Code	75215	
Telephone Number (214) 6	671-3654			
Signature of Director of Agen	cy/Facility (Required) MAT Juf			
Name of Person Filling Out Fo	rm Sergeant E. Merritt #8112			
Email of Person Filling Out Fo	e.merritt@dpd.dallascityha	II.com		
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?	
☑ Male ☐ Female		☑ Male ☐ Female		
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE D	FFICER'S AGE AT THE TIME OF THE INCIDENT	
29 □ Not Available		44		
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?	
identification card application, or oth and known. If not available, mark not	er government reported identification if available available.)	☐ American Indian	☐ Black or African American	
American Indian	☐ Black or African American	or Alaska Native	☑ Hispanic or Latino	
or Alaska Native	Mispanic or Latino	☐ Anglo or White	□ Other	
☐ Anglo or White	□ Other	☐ Asian or Pacific Islande	r	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:	
4. DATE OF INCIDENT		□ On Duty ☑ Off Duty		
Month November Day	09 Year 2015			
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ON	
Street address 2435 W. I	Northwest Hwy	☐ Yes Ø No		
City Dallas		17 WOIDCHT AGGIRDED D	NIONA OD 10 1 DEGINE OF 1	
County Dallas	Zip 75220		DURING OR AS A RESULT OF A:	
		☐ Emergency Call or Requ	Jest for Assistance	
6. INCIDENT RESULTED IN:			☐ Traffic stop	
Ø Injury □ Death		Execution of a warrant		
7. INJURED OR DECEASED PER	SON:	☐ Hostage, barricade, or other emergency situation ② Other — Specify type of call		
☑ Carried, exhibited or used	a deadly weapon			
Did not carry, exhibit or use a deadly weapon		over this officer with	o b at a night club, suspect ran th vehicle	



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 11/09/201	5		
AGENCY/FACILITY INFORMATIO	ON .		
Name of Agency/Facility Da	Ilas Police Department		
Address 1400 S. Lama	r Street		
City Dallas		Zip Code	75215
Telephone Number (214) 6	371-3654		
Name of Person Filling Out Fo	cy/Facility (Required) MA). Puf C	1 100 20 S	
Email of Person Filling Out For	e.merritt@dpd.dallascityha	III.COM	
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	30	FFICER'S AGE AT THE TIME OF THE INCIDENT
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state per government reported identification if available available.)	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
☐ American Indian	☐ Black or African American	or Alaska Native	☑ Hispanic or Latino
or Alaska Native	Mispanic or Latino	☐ Anglo or White	□ Other
☐ Anglo or White	☐ Other	Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	AL DUDING THE WAIDPHY	DEAGE OFFICES WAS
4. DATE OF INCIDENT		11. DURING THE INCIDENT,	PEACE OFFICER WAS:
Month November Day	09 _{Year} 2015	☐ On Duty ☑ Off Duty	
5. LOCATION OF INCIDENT	rear	12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 2435 W. I	Northwest Hwy	☐ Yes 🗹 No	
City Dallas		13 INCIDENT OCCURRED I	DURING OR AS A RESULT OF A
County Dallas	Zip 75220	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: Emergency Call or Request for Assistance	
		☐ Traffic stop	activity Appletance
6. INCIDENT RESULTED IN:		☐ Execution of a warrant	
☑ Injury □ Death			other emergency situation
7. INJURED OR DECEASED PER	ISON:	Other - Specify type of	Harris Committee
☑ Carried, exhibited or used	a deadly weapon		
Did not carry, exhibit or use a deadly weapon		Over other officer	ob at a night club, suspect ran-



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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DATE OF REPORT				
AGENCY/FACILITY INFORMATION	on Delina Demontracet			
Name of Agency/Facility Dalla	as Police Department			
Address 1400 S. Lamar	Street		75045	
City Dallas	4.0054	Zip Code	75215	
Telephone Number (214) 67	1	,		
Signature of Director of Agency,	Facility (Required) MAT. has		5	
Name of Person Filling Out Form	Sergeant E. Merritt #8112	11,0/00		
Email of Person Filling Out Form	e.merritt@dpd.dallascityha	iii.com ////		
1. WHAT WAS THE INJURED OR D	ECEASED'S GENDER?	8. WHAT WAS THE PEACE OF	FICER'S GENDER?	
☑ Male ☐ Female		☑ Male ☐ Female		
2. WHAT WAS THE INJURED OR D	ECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FICER'S AGE AT THE TIME OF THE INCIDENT	
29	☐ Not Available	31		
	ECEASED'S RACE/ETHNICITY? ted on state driver license application, state government reported identification if available	10. WHAT WAS THE PEACE ((Mark only one)	OFFICER'S RAGE/ETHNIGITY?	
and known, if not available, mark not av		American Indian	🔀 Black or African American	
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino	
or Alaska Native	Mispanic or Latino	☐ Anglo or White	□ Other	
☐ Anglo or White	□ Other	☐ Asian or Pacific Islander		
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:	
4. DATE OF INCIDENT		☐ On Duty Ø Off Duty		
Month November Day	09 Year 2015	12. PEACE OFFICER WAS RE	SPONDING TO CALL OR REQUEST WITH ONE	
5. LOCATION OF INCIDENT		OR MORE OFFICERS:		
Street address 2435 W. No	orthwest Hwy	☐ Yes ☑ No		
City Dallas		13. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:	
County Dallas	Zip 75220	☐ Emergency Call or Requ		
		☐ Traffic stop		
6. INCIDENT RESULTED IN:		☐ Execution of a warrant		
u injury Li Death	1 Injury □ Death		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSO	DN:	② Other - Specify type of call		
☑ Carried, exhibited or used a c ☐ Did not carry, exhibit or use a			b at a night club, suspect ran-	



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AGENCY/FACILITY INFORMATIO	N	A 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Name of Agency/Facility Lai	redo Police Department		
Address 4712 Maher A	ve.		70044
City Laredo	705 0000	Zip Code	78041
Telephone Number (956) 7	1////	18	
Signature of Director of Agen	cy/Facility (Required)	2 Dum	
Name of Person Filling Out Fo	Lt. Ricardo Gonzalez rgonzalez3@ci.laredo.tx.us		
Email of Person Filling Out For	m 1901/2010/20@01.idi CGO.tx.di		
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☑ Male ☐ Female		☐ Male	
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
25	☐ Not Available	29	
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state er government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not		☐ American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	Hispanic or Latino	☐ Anglo or White	□ Other
☐ Anglo or White	□ Other	Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		On Duty Off Duty	
Month 11 Day _	09 Year 2015	12. PEACE OFFICER WAS RI	ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	•
Street address 11119 Kir	by Dr. Apt. #: 211	☑ Yes □ No	
City Laredo		13. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:
County Webb	Zip 78041	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☐ Injury		☐ Execution of a warrant	
		Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		☐ Other — Specify type of	call
Carried, exhibited or used	a deadly weapon		



Did not carry, exhibit or use a deadly weapon

PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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

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

B.#. DATE OF REPORT 12/09/20)15		
AGENCY/FACILITY INFORMATION Name of Agency/Facility Co	mal County Sheriffs Office		
Address 3005 W San A			
City New Braunfels TX		Zip Cod	e 78130
Telephone Number (830) 6	520-3400		
Signature of Director of Agen	cy/Facility (Required) Bok H	BUELT, SHERIY	-
Name of Person Filling Out Fo	rm Detective Chris Garza rm garzac@co.comal.tx.us		
Email of Fei son Filling out Fo			
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
☐ Male	□ Male Ø Female		
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT?
34	☐ Not Available	36	
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state are government reported identification if available available.)	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
☐ American Indian	☐ Black or African American	or Alaska Native	2 Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☐ Anglo or White	□ Other
Anglo or White	☐ Other	Asian or Pacific Islande	ır.
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS-
4. DATE OF INCIDENT Month 11 Day	09 _{Year} 2015	On Duty Dff Duty	Total of Figure 1
Month Day _	1681		ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 421 Ramt	oling Drive	OR MORE OFFICERS:	
City Canyon Lake		13. INCIDENT OCCURRED D	OURING OR AS A RESULT OF A:
County Comai	Zip 78130	Emergency Calf or Requ	uest for Assistance
6. INCIDENT RESULTED IN:		☑ Traffic stop	
☑ Injury ☐ Death		☐ Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		□ Other - Specify type of	call
Carried exhibited or used	deadly weapon		



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.

ABENCY/FACILITY INFORMATION	on exas Department of Public Saf	etv	
Name of Agency/Facility	it Marv	oty	the section of the contract of
City Centerville	, many	Zin Code	75833
Telephone Number (903)	536-2275		
Signature of Director of Agen	icy/Facility (Required)	(miles	
Name of Person Filling Out Fo	orm Gary Pete Rudisiii		
Email of Person Filling Out Fo	rm gary.rudisill@dps.texas.go	V	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2 WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
28 Not Available		27	
(Mark one based on information re identification card application, or ot	R DECEASED'S RACE/ETHNICITY? sported on state driver license application, state her government reported identification if available	(Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark no		American Indian	☐ Black or African American
☐ American Indian or Alaska Native	☐ Black or African American ☐ Hispanic or Latino	or Alaska Native	Hispanic or Latino
Anglo or White	Other	✓ Anglo or White ☐ Asian or Pacific Islande	Other
Asian or Pacific Islander	☐ Not Available	Asian or racine islande	
	La not Arendolo	11. DURING THE INCIDENT,	PEAGE OFFICER WAS:
4. DATE OF INCIDENT	16 Year 2016 2015	On Duty Off Duty	
	10 Year	12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address SH-7@7	Crinity River Bridge	Ø Yes □ No	
City Centerville	Time, Taron Dilego		
County Leon	Zip 75833		DURING OR AS A RESULT OF A:
county	210	Emergency Call or Requ	uest for Assistance
6. INCIDENT RESULTED IN:		☐ Traffic stop ☐ Execution of a warrant	
☐ Injury ☑ Death		Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER	RSON:	Other - Specify type of	ACTION AND AND AND AND AND AND AND AND AND AN
☐ Carried, exhibited or used	a deadly weapon	- outer - opening type of	
Did not carry, exhibit or us	e a deadly weapon		



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 11/24/201	5		
AGENCY/FACILITY INFORMATION	ON		
Name of Agency/Facility H	arlingen Police Department		
Address 1018 Fairpark	Blvd		
City Harlingen	A	Zip Code	78550
Telephone Number (956)	216-5401		
Signature of Director of Agen	cy/Facility (Required)		
Name of Person Filling Out Fo	Detective Joel Yanes		
Email of Person Filling Out Fo	rm jyanes@harlingenpolice.co	om	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
Ø Male ☐ Female			
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
32	☐ Not Available	28	
(Mark one based on information reidentification card application, or other	R DECEASED'S RACE/ETHNICITY? ported on state driver license application, state her government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not	234	☐ American Indian	Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	Hispanic or Latino	Anglo or White	□ Other
Anglo or White	□ Other	Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT	16 2015	💋 On Duty 🔲 Off Duty	
Month November Day	16 Year 2015		ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	
Street address 2500 Chu	iparosa Court	✓ Yes □ No	
City Harlingen		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Cameron	Zip 78550	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:	-	☐ Traffic stop	
☑ Injury ☐ Death		☐ Execution of a warrant	
	2000	☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		☐ Other — Specify type of call	
Carried, exhibited or used			
Did not carry, exhibit or us	e a deadly weapon		



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.

Address P.O. Box 278	on County Sheriff's Office		
City Centerville		Zip Code	75833
Telephone Number (903) 5	536-2749		
Name of Person Filling Out Fo	cy/Fecility (Required) 965 2 rm Peggy Ivey		
Email of Person Filling Out Fo	peggy.ivey@co.leon.tx.us		
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	PFICER'S GENDER?
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT?
Altert and broad on Information we	DECEASED'S RACE/ETHINICITY? ported on state driver license application, state err government reported identification if available available)	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☑ Anglo or White	☐ Other
Anglo or White	□ Other	Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DAYE OF INCIDENT Month 11 Day	16 Year 2015	2 On Duty 🗆 Off Duty	
		12. PEACE OFFICER WAS RE OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address Hwy 7 Ea	st	Ø Yes □ No	
City Centerville		13. INCIDENT OCCURRED D	DURING OR AS A RESULT OF A:
County Leon	Zip 75833	☑ Emergency Call or Requ	uest for Assistance
8. INCIDENT RESULTED IN:		☐ Traffic stop	
□ Injury Ø Death		Execution of a warrant	
[1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2		Hostage, barricade, or	other emergency situation
7. INJURED OR DECEASED PER Z Carried, exhibited or used		Other - Specify type of	call
Did not carry, exhibit or us			



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 11/30/2015			
AGENCY/FACILITY INFORMATION			
Name of Agency/Facility Longview Police	ce Department		
Address P.O. Box 1952			75000
City Longview		Zip Cod	_{le} 75606
Telephone Number (903) 237-1199	1/100	x206	2 1. 01.0 01:
Signature of Director of Agency/Facility (Requ Name of Person Filling Out Form Russell \	Washburn	V	1. D. Bishop, Chief y Police
Email of Person Filling Out Form rwashbu	rn@longviewtexas	s.gov '	
1. WHAT WAS THE INJURED OR DECEASED'S GE	NDER?	8. WHAT WAS THE REAGE (DFFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AG	E'AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
35	☐ Not Available	30	
3. WHAT WAS THE INJURED OR DECEASED'S RA	ver license application, state	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
identification card application, or other government repo and known if not available, mark not available.)	rted identification if available	☐ American Indian	☐ Black or African American
☐ American Indian ☐ Black or A	frican American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	or Latino	☑ Anglo or White	☐ Other
☑ Anglo or White □ Other		Asian or Pacific Islande	er.
☐ Asian or Pacific Islander ☐ Not Availal	ble	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT		Ø On Duty ☐ Off Duty	, I LAUL OF TOLIT WAS
Month November Day 17 Yea	ar 2015		
		12. PEACE OFFICER WAS R	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 445 Forest Square		☑ Yes □ No	
City Longview			
	Zip 75605	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Oless	Zip_ 10000	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ Injury ☐ Death		Execution of a warrant	
7. INJURED OR DECEASED PERSON:		Hostage, barricade, or other emergency situation	
☑ Carried, exhibited or used a deadly weapon		Ø Other - Specify type of cell	
Did not carry, exhibit or use a deadly weapon		Call for service, Burglary Alarm	



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-invalved hijury or death" means an incident during which a peace officer discharges a frearm counting injury or death to another." Art 2 136 Code of Criminal Procedure.

AGENCY/FACILITY INFORMATIO	M Atherical Belles Desertment		
Name of Agency/Facility VVC Address 801 Santa Fe	eatherford Police Department		
Address Out Carita 1 &		7h Cart	76086
Telephone Number (817) 5		Zip Gode	
Signature of Director of Agen	A STATE OF THE PARTY OF THE PAR		
Name of Person Filling Out Fo	David Smith, Commander	>	
Email of Person Filling Out Fo	dsmith@weatherfordbc.gov		
1. WHAT WAS THE INJURED OF		B. WHAT WAS THE PEACE OF	ENCER'S GENERA
Male Female		Ø Male ☐ Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	8. WHAT WAS THE PEACE OF	FICER'S AGE AT THE TIME OF THE INCIDENT
41	☐ Not Available	28	
8. WHAT WAS THE INJURED OF Mark one based on information re- identification card application, or of	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state her government reported identification if available c evallable.)	10. WHAT WAS THE PEACE O	OFFICER'S RACE/ETHNICITY?
		☐ American Indian	Black or African American
American Indian	☐ Black or African American	or Alaska Nativa	☐ Hispanic or Latino
or Alaska Native	Hispanic or Latino	Angle or White	☐ Other
Angle or White Asian or Pacific Islander	☐ Other ☐ Not Available	Asian or Pacific Islander	
M ASIAN OF PACING ISlander	MOX AVBIBOR	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		On Duty Off Duty	
Month 11 Day	17 Year 2015	12. PEACE OFFICER WAS RE OR MORE OFFICERS:	SPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		☐ Yes Ø No	
Street address 5100 Bett City Weatherford, Text			And the state of t
County Parker	Zip 76086		URING OR AS A RESULT OF A:
County 1 arks	Др (10000)	☐ Emergency Call or Requ	est for Assistance
8. INCIDENT RESULTED IN:		☑ Traffic stop	
□ Injury ☑ Death		☐ Execution of a warrant	other americans, physican
THE HUBER OF RECEASER REPORTS.		☐ Hostage, barricade, or o	
Carried, exhibited or used	a deadly waapon	Clock — about the of c	
Did not carry, exhibit or us	e a deadly weepon	Section 1	White water to the design of the



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"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/FAGILITY INFORMATI	ON		
Name of Agency/Facility Sa	n Antonio Police Dept		
Address 315 S Santa I	Rosa		
City San Antonio		Zip Cod	e 78207
Telephone Number (210)	207-7635		
Signature of Director of Ager	cy/Facility (Required) W/////	uns	
Name of Person Filling Out Fo	Det. A. Howard 2063		
Email of Person Filling Out Fo	andrew.howard@sanantor	nio.gov	
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEAGE O	FFICER'S GENDER?
Male Female		Male Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF DICIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
23	☐ Not Available	31	
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state ar government reported identification if available available.)	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHINICITY?
☐ American Indian	☐ Black or African American	or Alaska Native	☑ Hispanic or Latino
or Alaska Native	☐ Hispanic or Letino	☐ Anglo or White	□ Other
Anglo or White	□ Other	Asian or Pacific Islande	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	DEACE DEFICER WAS
4. DATE OF INCIDENT		Ø On Duty ☐ Off Duty	
Month November Day	17 _{Year} 2015		
T LOOTTION DE MOIDENT		12. PEACE OFFICER WAS RE OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 4001 Sun Harbour Dr		ZÍYes □ No	
City San Antonio		CY (MOINCHT DOGUNDER D	LIMING OR AP A STORY TOT A
County Bexar	Zio 78244	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: D Emergency Call or Request for Assistance	
		☐ Traffic stop	
6. INCIDENT RESULTED IN:		□ Execution of a warrant	
Injury Death		☐ Hostage, barricade, or o	other emergency situation
7. INJURED OR DECEASED PERSON:		Ø Other - Specify type of call	
☑ Carried, exhibited or used a deadly weapon			sted by homeowner
7 Did not carry exhibit or use a deadly weapon		T aver by ac reques	noo by nomoownor



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 Gode of Griminal Procedure.

DATE OF REPORT 11/21/201	A THE RESERVE OF THE PARTY.		
AGENCY/FACILITY INFORMATIO	IN tter County Sheriff Departmen		
Name of Agency/Facility Address 608 S. Pierce	der County Chemi Doparane		
City Amarillo, Texas		Zip Code 79101	
Telephone Number (806) 3	379-2900	Zip Gode	
Signature of Director of Agen	THE RESIDENCE OF THE PARTY AND ADDRESS OF THE PARTY OF TH	2 Show #	
Name of Person Filling Out Fo	rm Sgt David Hagler #337		
Email of Person Filling Out For	david.hagler@amarillo.gov		
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
Male ☐ Female		Male Female	
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?	
45 years old	☐ Not Available	59 years old	
	DECEASED'S RACE/ETHBICITY? ported ion state driver teense application, state or government reported identification if available	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)	
and known. If not available, mark not	avaliable.)	☐ American Indian ☐ Black or African American	
☐ American Indian	Black or African American	or Alaska Native Hispanic or Latino	
or Alaska Native	Hispanic or Latino	Anglo or White Other	
☐ Anglo or White	□ Other	☐ Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month November Day	21 _{Year} 2015	□ On Duty Ø Off Duty	
他所得到近海南	21 Year 2015	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
5. LOCATION OF INCIDENT Street address 5201 Roy	Ce	☐ Yes Ø No	
City Amarillo, Texas		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Randall Zip 79110		☐ Emergency Call or Request for Assistance	
8. INCIDENT RESULTED IN:		☐ Traffic stop	
Ø Injury □ Death		☐ Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Other - Specify type of call	
Carried, exhibited or used a deadly weapon Did not carry, exhibit or use a deadly weapon		Support and accomplice were burglanting the violente shed at 5:00am. Victim controlled the suspect and fear accomplice. Victim was demand with an plate. This suspect suspect trained the victim rand	



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 12/16/201			
AGENCY/FACILITY INFORMATI	omal County Sheriff's Office		
Address 3005 W. San	Antonio St.		· · · · · · · · · · · · · · · · · · ·
City New Braunfels		7in Cod	_e 78130
Telephone Number (830)	643-6699	Zip 000	
Signature of Director of Ager	cv/Facility (Required) Bot Hole	In SHERIFF	
Name of Person Filling Out Fo	Detective Doug Phillips # 3	319	
Email of Person Filling Out Fo	soaddp@co.comal.tx.us		
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	B. WHAT WAS THE PEACE (OFFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	8. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
38	☐ Not Available	45	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? sported on state driver license application, state her government reported identification if available t available.)	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RAGE/ETHNICITY?
☐ American Indian	Black or African American	or Alaska Native	Z Hispanic or Letino
or Alaska Native	☑ Hispanic or Latino	☐ Anglo or White	□ Other
☐ Anglo or White	☐ Other	Asian or Pacific Islande	ar'
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT	BEACE DELICED WAG.
4. DATE OF INCIDENT		On Duty Off Duty	, PEAGE OFFICEN WAS.
Month 11 Day	21 Year 2015		
5. LOCATION OF INCIDENT		12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 1933 N. I	H 35	Ø Yes □ No	
City New Braunfels		12 INCIDENT GROUPDED I	DURING OR AS A RESULT OF A:
County Comai	Zip 78130	Emergency Call or Req	
		☑ Traffic stop	uest in Assistante
6. INCIDENT RESULTED IN:		☐ Execution of a warrant	
2 Injury Death		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		☐ Other - Specify type of	No. of the control of
☐ Carried, exhibited or used	a deadly weapon		
Did not carry, exhibit or us	e a deadly weapon		



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.

Name of Agency/Facility Co Address 321 John Sart	rpus Christi Police Departme		
City Corpus Christi		Zip Cods 78401	
Telephone Number (361) 8	886-2600	Mr.	
Signature of Director of Agen Name of Person Filling Out Fo	rm Lieutenant Henry Mangum	W. 82 1100	
Email of Person Filling Out Fo	HenryM@cctexas.com		
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
M were Themer		water Training	
2. WHAT WAS THE INJURED OR 49	DECEASED'S AGE AT TIME OF INCIDENTY Not Available	WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state ar government reported identification if evaliable available.)	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one) American Indian Black or African American	
☐ American Indian	☐ Black or African American	or Alaska Native	
or Alaska Native	Hispanic or Latino	☑ Anglo or White ☐ Other	
☐ Anglo or White	□ Other	☐ Asian or Pacific Islander	
☐ Asian or Pacific Islander	☐ Not Available ·	11, DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month November Day	23 _{Year} 2015	On Duty Off Duty	
2000年1月2日		12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
5. LOCATION OF INCIDENT Street address 5030 Con	cord	Ø Yes □ No	
City Corpus Christi		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Nueces			
8. INCIDENT RESULTED IN:		☐ Traffic stop	
☐ Injury ☑ Death		Execution of a warrant	
7. INJURED OR DECEASED PERSON:		☐ Hostage, barricade, or other emergency situation	
7. Induney on December Pen. 2 Carried, exhibited or used a		Other - Specify type of cell	
Did not carry, exhibit or use			



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 bijury or death" means on 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 Name of Adency/Facility Seagoville Police Department	
Name of Agency/Facility Seagoville Police Department Address 600 N US Highway 175	
City Seagoville	Zip Code 75159
Telephone Number (972) 287-2999	
Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Email of Person Filling Out Form Sdavis@seagoville.us	
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 50 IN Not Available	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNIDITY? Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if available and known. If not available, mark not available.) American Indian Or Alaska Native Anglo or White Other	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only ene) American Indian Or Alaska Native Hispanic or Latino Anglo or White Asian or Pacific Islander
□ Asian or Pacific Islander □ Not Available 4. DATE OF INCIDENT Month November Day 28 Year 2015	11. DURING THE INCIDENT, PEACE OFFICER WAS:
5. LOCATION OF INCIDENT Street address 607 Fran Street City Seagoville	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
County Dallas Zip 75159	18. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
6. INCIDENT RESULTED IN:	☐ Traffic stop ☐ Execution of a warrant ☐ Hostage, barricade, or other emergency situation
7. INJURED OR DECEASED PERSON: [2] Carried, exhibited or used a deadly weapon [3] Did not carry, exhibit or use a deadly weapon	☐ 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

DATE OF REPORT 12/09/201	5		
AGENCY/FACILITY INFORMATION	N		
Name of Agency/Facility JA	L POLICE DEPARTMENT	Contract of the Contract of th	Branch Branch Branch
Address 3421 STATE	ROAD 18 JAL NM P.O. DRAV		
City JAL , NEW MEXIC		Zip Cod	e 88252
Telephone Number (575) 3	395-2501		
Signature of Director of Agend Name of Person Filling Out Fo	rm MAURICIO VALERIANO	V L	
Email of Person Filling Out For	m.valeriano@cityofjal.us		
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
31	☐ Not Available	36	
(Mark one based on information re- identification card application, or oth	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state er government reported identification if available	(Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not		American Indian	☐ Black or African American
American Indian	☐ Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	Hispanic or Latino	Anglo or White	□ Other
Anglo or White	□ Other	☐ Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		🗹 On Duty 🗆 Off Duty	
Month November Day _	30 Year 2015	12 DEACE DESICED WAS DE	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	tor onlying to take on negotal with one
Street address HWY 115		☑ Yes □ No	
City		13 INCIDENT OCCUPRED D	URING OR AS A RESULT OF A:
County Winkler County	Zip 79745	Emergency Call or Request for Assistance	
		☐ Traffic stop	NATION AUDICIONO
6. INCIDENT RESULTED IN:		☐ Execution of a warrant	
☐ Injury ☐ Death		☐ Hostage, barricade, or	other emergency situation
7. INJURED OR DECEASED PERSON:		☐ Other — Specify type of call	
Carried, exhibited or used a	deadly weapon	05.01	
Did not carry exhibit or use	a deadly weapon		



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.

Name of Agency/Facility Address 5805 N. Lamar City Austin	AGENCY/FACILITY INFORMATI	ON		
Tip Code 78773 Telephone Number (512) 424-2000 Signature of Director of Agency/Feditify (Required) State C Mark C	Name of Agency/Facility Te	exas Department of Public Saf	ety	
Telephone Number (512) 424-2000 Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Lt. Laurance P. Adams Adams Laurance La		ar		
Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Lt. Laurance P. Adams Email of Person Filling Out Form Author			Zip Cod	78773
Name of Person Filling Out Form Lt. Laurance P. Adams Aurance Adams Au				
8. WHAT WAS THE INJURED OR DECEASED'S GENDER? Male Female Female Male Female	Name of Person Filling Out Fo	orm Lt. Laurance P. Adams		
Male Female Male Male	Email of Person Filling Out Fo	rm laurance.adams@dps.texa	is.gov	
Male Female Male Male	1. WHAT WAS THE INJURED O	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
32 YOA	☑ Male ☐ Female		☑ Male ☐ Female	
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 swallable and known. If not swallable, mark not swallable.) American Indian Black or African American or Alaska Native Itemse application if swallable and known. If not swallable, mark not swallable.) American Indian Black or African American or Alaska Native Itemse application if swallable American Indian Black or African American or Alaska Native Itemse and Indian Itemse application, state identification if swallable American Indian Itemse and Indian Itemse application, state the work of American Indian Itemse and	2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
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	32 YOA	□ Not Available	30 YOA	
American Indian	(Mark one based on information re identification card application, or ot	eported on state driver license application, state her government reported identification if available	(Mark only one)	
or Alaska Native			_	
□ Anglo or White □ Other □ Asian or Pacific Islander □ Not Available 11. DURING THE INCIDENT, PEACE OFFICER WAS: 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 □ 13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: □ Emergency Call or Request for Assistance □ Injury □ Death □ Hostage, barricade, or other emergency situation			_	
Asian or Pacific Islander 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 13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: Emergency Call or Request for Assistance Injury Death Execution of a warrant Hostage, barricade, or other emergency situation	_			
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			Asian of Facilit Islande	
Month 12 Day 02 Year 2015 5. LOCATION OF INCIDENT Street address TX 16; .4 mile N. of Atascosa Co. City			11. DURING THE INCIDENT,	PEACE OFFICER WAS:
12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ON OR MORE OFFICERS: Street address TX 16; .4 mile N. of Atascosa Co. City		02 2015	On Duty Off Duty	
Street address TX 16; .4 mile N. of Atascosa Co. City		02 Year 2013		ESPONDING TO CALL OR REQUEST WITH ONE
City		I mile N. of Atacoes Co.		
County Bexar Zip Emergency Call or Request for Assistance 6. INCIDENT RESULTED IN:		Time N. Of Atascosa Co.		
6. INCIDENT RESULTED IN: Injury Death Hostage, barricade, or other emergency situation				
☐ Injury ☐ Death ☐ Execution of a warrant ☐ Hostage, barricade, or other emergency situation	County Dexai	Zip		
Hostage, barricade, or other emergency situation	6. INCIDENT RESULTED IN:			
IN HIGER OF DECEASED DEDSON.	☐ Injury			
	7. INJURED OR DECEASED PERSON:		☐ Hostage, barricade, or other emergency situation ☐ Other – Specify type of call	
☑ Carried, exhibited or used a deadly weapon	Did not carry, exhibit or us		-	



Did not carry, exhibit or use a deadly weapon

PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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

"Officer involved injury or death" means an incident during which a peace officer discharges a finearm causing injury or death to another." Art 2 139 Gods of Criminal Procedure

DATE OF REPORT 12/05/201	15		
Address 305 N. O'Con	ing Police Department		75004
City Irving		Zip Cod	_{le} 75061
Telephone Number (972)	721-24/1	0 1	
Signature of Director of Agen Name of Person Filling Out Fo	Michael Coleman	294	
Email of Person Filling Out Fo	mcoleman@cityofirving_or		
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE	OFFICER'S GENDER?
2. WHAT WAS THE INJURED OF	R DECEASED'S ABE AT TIME OF INCIDENT?	8. WHAT WAS THE PEACE O	OFFICER'S AGE AT THE TIME OF THE INCIDENT
(Mark one based on Information re	R DECEASED'S RACE/ETHNICITY? sported on state driver license application, state ver government reported identification if available available.)	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	2 Anglo or White	☐ Other
Anglo or White	□ Other	Asian or Pacific Islands	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT	BEADE RELICED WAS
4. DATE OF INCIDENT Month 12 Day	05 _{Year} 2015	2 On Duty 🗆 Off Duty	
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 600 block	Jeff Ct.	☑ Yes □ No	
City Irving		13. INCIDENT OCCURRED	DURING OR AS A RESULT OF A:
County Dallas	Zip 75060	☑ Emergency Call or Req	uest for Assistance
6. INCEDENT RESULTED IN:		☐ Traffic stop	
☐ Injury ☑ Death		Execution of a warrant	
The second second		☐ Hostage, barricade, or	other emergency situation
7. INJURED OR DECEASED PER		☐ Other — Specify type of	call
Carried, exhibited or used	s deadly weapon		



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 INFORMA	ATION		
Name of Adency/Facility	Smith County Sheriff's Office		
Address 227 N. Spri	ing Ave		
City Tyler	Λ	. Zin Code	75702
Telephone Number (903	3) 590-2720		
Signature of Director of As	Rency/Facility (Required)		
Name of Person Filling Out	Form Robert Carlson, Chief Dep	uty	
Email of Person Filling Out	Form rcarlson@smith-county.com	m	
1. WHAT WAS THE INJURED		8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☑ Male ☐ Female		☑ Male ☐ Female	
O WHIST WAS THE IN HIDE	OR DECEASED'S AGE AT TIME OF INCIDENT?	O WHAT WAS THE DEADE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
	OR DECEASED 5 AGE AT TIME OF INCIDENT?		FRIGER S AGE AT THE TIME OF THE INCIDENT
25	LI NOL AVAIIADIO	32	
	OR DECEASED'S RACE/ETHNICITY?	10. WHAT WAS THE PEACE (Merk only one)	OFFICER'S RACE/ETHNICITY?
	r other government reported identification if available	American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	Anglo or White	☐ Other
Anglo or White	□ Other	Asian or Pacific Islande	r
Asian or Pacific Islande	r Not Available	11. DURING THE INCIDENT,	DEACE OFFICED WAS.
4. DATE OF INCIDENT		Ø On Duty ☐ Off Duty	PEAGE OFFICER WAS:
	ay 09 Year 2015		
		12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT	CR 411	Z Yes □ No	
Street address 13070	01(411		
City Tyler County Smith	zip 75706	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Officer	Zip 73700	Emergency Call or Requ	uest for Assistance
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ Injury ☐ Death		☐ Execution of a warrant	Mark Committee C
7. INJURED OR DECEASED PERSON:			other emergency situation
☑ Carried, exhibited or us		Other - Specify type of	CBII
Did not carry, exhibit or		-	



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 lirearm causing injury or death to another." Art. 2.139 Code of Criminal Procedure.

AGENCY/FACILITY INFORMATIO			THE NEWSTERN STATE
	Spring Police Department		
Address 3613 W. Hwy	80		
City Big Spring		Zip Code 797	20
Telephone Number (432) 2			
Signature of Director of Agent Name of Person Filling Out Fo	m Chad Williams	Musis	
Email of Person Filling Out For	cwilliams@bigspringpd.net		
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'	S BENDER?
Male		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	8. WHAT WAS THE PEACE OFFICER'S	S AGE AT THE TIME OF THE INCIDENT
43	■ Not Available	25	
(Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver license application, state ar government reported identification if available	10. WHAT WAS THE PEACE OFFICEI (Mark only one)	R'S RACE/ETHNIGITY?
and known. If not available, mark not		American Indian	Black or African American
American Indian	☐ Black or African American	or Alaska Native 1	☐ Hispanic or Latino
or Alaska Native	Hispanic or Latino	☑ Anglo or White	□ Other
Anglo or White	□ Other	Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE	OFFICER WAS:
4. DATE OF INCIDENT		Ø On Duty ☐ Off Duty	
Month December Day	10 Year 2015	12. PEACE OFFICER WAS RESPOND OR MORE OFFICERS:	DING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT Street address 901 Runn	els	☑ Yes □ No	
City Big Spring		13. INCIDENT OCCURRED DURING	OR AS A RESULT OF A
County Howard	Zip 79720	Z Emergency Call or Request for	ATP PARTIES AND SELECTION OF THE PARTIES AND
6. INCIDENT RESULTED IN:		☐ Traffic stop	
		Execution of a warrant	
☑ Injury ☐ Death		☐ Hostage, barricade, or other e	mergency situation
7. INJURED OR DECEASED PERSON:		Other - Specify type of call	
☑ Carried, exhibited or used a deadly weapon			
Did not carry, exhibit or us	e a deadly weapon	A TOTAL TOTA	



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.

AGENCY/FACILITY INFORMATI	ON		
Name of Agency/Facility El	Paso Police Department		
Address 911 N. Rayno		70003	
City El Paso	212 4000	Zip Code 79903	
Telephone Number (915)		1037 - CRIMES PRIMET PERSONS SEC	
Signature of Director of Ager	cy/Facility (Required) *** Spring Detective Carlos Armenda		
Name of Person Filling Out Fo	m 2719@elpasotexas.gov		
Email of Person Filling Out ro		and the second residence in the state of the second	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
Male Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
57	☐ Not Available	47	
The state of the s			
Mark one based on information re	DECEASED'S RACE/ETHNICITY? ported on state driver (Icense) application, state	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark önly one)	
identification card application, or our and known. If not available, mark not	er government reported identification if evallable evaluable.)	☐ American Indian ☐ Black or African American	
American Indian	☐ Black or African American	or Alaska Native 🔀 Hispanic or Latino	
or Alaska Native	Mispanic or Latino	☐ Anglo or White ☐ Other	
☐ Anglo or White	□ Other	Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT		□ On Duty Ø Off Duty	
Month December Day	11 Year 2015		
TOOLSTON OF MAINTAN		12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
5. LOCATION OF INCIDENT Street address 700 S. Za	ragoza RD SB	Ø Yes □ No	
City El Paso		17. INSPERIT ANALOGED DURING OF AS A PROJECT OF A.	
County El Paso Zip 79903		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
		2 Traffic stop	
6. INCIDENT RESULTED IN:		Execution of a warrant	
☑ injury 🔲 Death		☐ Hostage, barricade, or other emergency situation	
7, INJURED OR DECEASED PERSON:		Other - Specify type of call	
Carried, exhibited or used a deadly weapon			
☐ Did not carry, exhibit or use a deadly weapon			



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	ON		
MOTILE OF ARCHICAL GOLINIA	DUSTON POLICE DEPARTM	ENT	
Address 1200 TRAVIS			
City HOUSTON		Zip Code	77002
Telephone Number (713)	308-3642	000	
Signature of Director of Agen	cv/Facility (Required)	ellen	
Name of Person Filling Out Fo	SERGEANT ODON BELM	AREZ '	
Email of Person Filling Out Fo	odon.belmarez@houstonp	olice.org	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
35	☐ Not Available	47	
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state		10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not	ner government reported identification if available tavailable.)	American Indian	Black or African American
☐ American Indian	Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	Hispanic or Latino	☐ Anglo or White	☐ Other
☐ Anglo or White	□ Other	☐ Asian or Pacific Islander 11. DURING THE INCIDENT, PEACE OFFICER WAS:	
Asian or Pacific Islander	☐ Not Available		
4. DATE OF INCIDENT Month 12 Day	12 _{Year} 2015	Ø On Duty ☐ Off Duty	
5. LOCATION OF INCIDENT	Year	12. PEACE OFFICER WAS R	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 10079 BF	RIARWILD	Ø Yes □ No	
City HOUSTON		47 MOIDENT ASSURATE A	NICHAGOD AS A RESULT OF A
County HARRIS Zip 77080		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: 2 Emergency Call or Request for Assistance	
county			dest for Assistance
6. INCIDENT RESULTED IN:		☐ Traffic stop ☐ Execution of a warrant	
☑ Injury □ Death			
7. INJURED OR DECEASED PERSON:		Other - Specify type of	other emergency situation
☐ Carried, exhibited or used a deadly weapon		La other — opening type of	Vali
Did not carry, exhibit or us		-	



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 on incident during which a peace officer discharges a firearm causing injury or death to another." Art. 2.138 Code of Oriminal Procedure.

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	76201	
Telephone Number (940) 565-3003	Zip Code 76201	
Signature of Director of Agency/Facility (Required)	Dan M	
Name of Person Filling Out Form West Gilbreath		
Email of Person Filling Out Form West.glibreath@unt.edu		
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
Ø Male ☐ Female	☑ Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S ARE AT THE TIME OF THE INCIDENT 27 Years of Age	
21 Years old Mot Available		
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHINICITY?	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?	
identification card application, or other government reported identification if available and known. If not available, mark not available.)	American Indian Black or African American	
☐ American Indian ☐ Black or African American	or Alaska Native	
or Alaska Native	☑ Anglo or White ☐ Other	
☑ Anglo or White ☐ Other	Asian or Pacific Islander	
☐ Asian or Pacific Islander ☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT	Ø On Duty □ Off Duty	
Month 12 Day 13 Year 2015	· · · · · · · · · · · · · · · · · · ·	
S LOCATION OF INCIDENT	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
Street address 1300 W. Oak St., Denton, Texas	Ø Yas □ No	
City Denton, Texas	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Denton zip 76201	☑ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:	☐ Treffic stop	
□ Injury ☑ Death	☐ Execution of a warrant	
	☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:	□ Other — Specify type of call	
☑ Carried, exhibited or used a deadly weapon ☐ Did not carry, exhibit or use a deadly weapon		



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 12/15/201	5		
AGENCY/FACILITY INFORMATION	DN		
Name of Agency/Facility Ar	lington Police Department		
Address 620 West Divi	sion St.		
City Arlington	Thurs we are	Zip Code	76010
Telephone Number (817)	459-5600	in	
Signature of Director of Agen	cy/Facility (Required)	1 Bhrs	
Name of Person Filling Out Fo	Sergeant Curtis Petties		
Email of Person Filling Out Fo	Curtis.Petties@arlingtontx	.gov	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☐ Male		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
51 Not Available		33	
(Mark one based on information re	R DECEASED'S RACE/ETHNICITY? sported on state driver license application, state her government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not available.)		American Indian	☐ Black or African American
☐ American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	Hispanic or Latino	Anglo or White	□ Other
☑ Anglo or White □ Other		Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT Month 12 Day	13 Year 2015	On Duty Off Duty	
Month 12 Day _	13 _{Year} 2015	12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 703 East	Mitchell Street	Ø Yes □ No	
City Arlington		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Tarrant Zip 76010		☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
		☐ Execution of a warrant	
☐ Injury ☑ Death		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Other - Specify type of call	
☑ Carried, exhibited or used a deadly weapon		Suicidal subject wi	th a firearm-
Did not carry, exhibit or use a deadly weapon		and the same of th	



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 INFORMATIO	IN .		
Name of Adaptiv/Continue Ar	ington Police Department		
Address 620 West Divi	sion St.		
City Arlington		7in Code	76010
Telephone Number (817)	159-5600 .		
Signature of Director of Agen	cy/Facility (Required)	1 Asha	
Name of Person Filling Out Fo	rm Sergeant Curtis Petties		
Email of Person Filling Out Fo	Curtis.Petties@arlingtontx.	gov	
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☐ Male		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
51 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		10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not	er government reported identification if available available.)	American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	Anglo or White	☐ Other
Anglo or White	☐ Other	Asian or Pacific Islander	
☐ Asian or Pacific Islander ☐ Not Available		11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT	13 year 2015	💋 On Duty 🔲 Off Duty	
Month 12 Day	13	12. PEACE OFFICER WAS RE OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 703 East	Mitchell Street	Ø Yes □ No	
City Arlington		13. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:
County Tarrant Zip 76010		☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
6. INCIDENT RESULTED IN: ☐ Injury		☐ Execution of a warrant	
		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		☑ Other — Specify type of call	
Carried, exhibited or used a deadly weapon		Suicidal subject wit	th a firearm
☐ Did not carry, exhibit or use a deadly weapon		A STANDARD TO THE STANDARD STA	



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 12/30/2015		
AGENCY/FACILITY INFORMATION		
Name of Agency/Facility Fort_Worth_Police_Departme	ant	
Address 350_West_Belknap-Street	70/00	
City Fort_Worth,_Texas	Zip Code 76102	
Telephone Number (817) 392-4300		
Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Detective A.L. Fincher		
Name of Person Filling Out Form alison.fincher@fortworth	ntexas.gov	
Email of Person Filling out Form		
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
☑ Male ☐ Female	Ø Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDEN	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
34	⁶ 28	
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, at		
Identification card application, or other government reported identification if available and known. If not available, mark not available.)	ble American Indian Black or African American	
☐ American Indian ☐ Black or African American	or Alaska Native	
or Alaska Native 🔲 Hispanic or Latino	☑ Anglo or White □ Other	
☑ Anglo or White □ Other	☐ Asian or Pacific Islander	
Asian or Pacific Islander Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT	Ø On Duty ☐ Off Duty	
Month December Day 19 Year 2015		
S. LOCATION OF INCIDENT	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ON OR MORE OFFICERS:	
Street address 3749_Friendsway_Drive	Ø Yes □ No	
City Fort_Worth	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Tarrant Zip 76137	Emergency Call or Request for Assistance	
A MODERNY REGULTRATE.	■ Traffic stop	
6. INCIDENT RESULTED IN: 21 Injury Death	☐ Execution of a warrant	
	☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:	☐ Other — Specify type of call	
☑ Carried, exhibited or used a deadly weapon		
Did not carry, exhibit or use a deadly weapon		



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.

Name of Agency/Facility And Address 200 SE 3rd	narillo Police Department		
City Amarillo		Zie Code	79101
Telephone Number (806) 3	78-9463	1-1	
Signature of Director of Agen Name of Person Filling Out Fo	cy/Facility (Required) X M 196	pybr	
Email of Person Filling Out For	chris.sheffield@amarillo.go)V	<u> </u>
1. WHAT WAS THE INJURED OF	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	OFFICER'S GENDER?
2. WHAT WAS THE INJURED OR 31	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
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 evallable and known if not available, mark not available.)		10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
☐ American Indian	☐ Black or African American	or Alaska Native	Mispanic or Latino
or Alaska Native	Mispanic or Latino	☐ Anglo or White	☐ Other
☐ Angle or White	☐ Other	☐ Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT	PEACE OFFICER WAS:
4. DATE OF INCIDENT		Ø On Duty ☐ Off Duty	
Month 12 Day	20 Year 2015	12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 833 S Tra	vis	Ø Yes □ No	
City Amarillo		13. INCIDENT OCCURRED	DURING OR AS A RESULT OF A:
County Potter Zip 79102		☑ Emergency Call or Req	uest for Assistance
8. INCIDENT RESULTED IN:		☐ Traffic stop	
□ Injury Ø Death		Execution of a warrant	
		☐ Hostage, barricade, or	other emergency situation
7. INJURED OR DECEASED PERSON:		Other - Specify type of	call
Carried, exhibited or used	a deadly weapon e a deadly weapon		dia a same and a same



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 Are of Agency/Facility Ar	on narillo Police Department		
Address 200 SE 3rd			
City Amarillo		Zip Gode	79101
Telephone Number (806)	378-9463		
Signature of Director of Age Name of Person Filling Out Fo	Sgt. Chris Sheffield	TAJON	
Email of Person Filling Out Fo	chris.sheffield@amarillo.go	OV .	
1. WHAT WAS THE INJURED O	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male		☑ Male ☐ Female	
2. WHAT WAS THE INJURED O	R DECEASED'S AGE AT TIME OF INCIDENT?	8. WHAT WAS THE PEACE OF	FFICER'S ABE AT THE TIME OF THE INCIDENT
31	☐ Not Available	34	
Otark one based on information ridentification card application, or of	R DECEASED'S RACE/ETHNICITY? eported on state driver license application, state her government reported identification if available	(Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark no	(svallable.)	☐ American Indian	☐ Black or African American
☐ American Indian or Alaska Native	Black or African American Hispanic or Latino	or Alaska Native	☐ Hispanic or Latino
Anglo or White	Other	Anglo or White Asian or Pacific Islande	Other
Asian or Pacific Islander	☐ Not Available	MANAGE OF PACIFIC ISSUED	
	CI not manage	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT	2015	2 On Duty 🗆 Off Duty	
Month 12 Day	20 Year 2015	12. PEACE OFFICER WAS R	ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT		ZÍ Yes No	
Street address 833 S. To	avs		
City Amarillo County Potter	Zip 79102		DURING OR AS A RESULT OF A:
County Potter Zip 78102		Emergency Call or Requ	uest for Assistance
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☐ Injury Ø Death		Execution of a warrant	
7. INJURED OR DECEASED PERSON:		☐ Hostage, barricade, or other emergency situation	
✓ Carried, exhibited or used a deadly weapon		☐ Other — Specify type of	Call
	e a deadly weapon		AND THE PARTY OF T



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 cousing injury or death to another." Art. 2.139 Code of Criminal Procedure.

AGENCY/FACILITY INFORMATION	ON .		
Name of Agency/Facility Nu	eces County Sheriff's Office		
Address 901 Leopard			
City Corpus Christi		Zip Gode	78401
Telephone Number (361) 8	387-2222		
Signature of Director of Agen	cv/Facility (Required)		
Name of Person Filling Out Fo	paniel Perez, Asst. Chief I	Deputy	
Email of Person Filling Out Fo	daniel.perez@nuecesco.co	om	
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male □ Female		☑ Male ☐ Female	
2 WHAT WAS THE INJURED OF	DECEASED'S AGE AT TIME DE INCIDENTS	9 WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 21 yrs Not Available		28 yrs	
(Mark one based on information re identification card application, or oti	R DECEASED'S RACE/ETHNICITY? sported on state driver license application, state her government reported identification if available	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known. If not available, mark not	t available.)	☐ American Indian	☐ Black or African American
American Indian	Black or African American	or Alaska Native	Hispanic or Latino
or Alaska Native	Hispanic or Latino	☐ Anglo or White	□ Other
Anglo or White	Other	Asian or Pacific Islande	r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT Month 12 Day	21 _{Year} 2015	💋 On Duty 🔲 Off Duty	
Month Day	zi tear zo to	12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 14601 Re	ed River Drive	ØYes □ No	
City Corpus Christi		17 INGIDENT COCURDED D	MIDING OD AS A DESIGN TOF A.
County Nueces Zip 78410		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: ☐ Emergency Call or Request for Assistance	
			dest for Assistance
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ Injury □ Death		Execution of a warrant	
7. INJURED OR DECEASED PERSON:		Hostage, barricade, or other emergency situation	
☑ Carried, exhibited or used a deadly weapon		Ø Other − Specify type of call Reports of shots heard and yelling	
Did not carry, exhibit or us	Control of the Contro	Nopolis di silois fiedit	a and young



As required by Art. 2.139 of the Texas Code of Griminal 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 Gode of Criminal Procedure,

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

206 N Grant A	dessa Police Department		
Address 200 14. Grant 7		7in Code	79761
Telephone Number (432) 333	3-3641	Zip Gode	
Signature of Director of Agency/ Name of Person Filling Out Form	Fecility (Required) Sergeant David Lara		
Email of Person Filling Out Form	dlara@odessa-tx.gov		
1. WHAT WAS THE INJURED OR DE	CEASED'S GENDER?	8. WHAT WAS THE PEACE OF	FFICER'S GENDER?
2. WHAT WAS THE INJURED OR DE	CEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one besed on information reported on state driver ligense application, state identification card application, or other government reported identification if available and known, if not available, mark not available.)		(Mark only ond) American Indian	DFFICER'S RACE/ETHNICITY?
American Indian	☐ Black or African American ☑ Hispanic or Letino	or Alaska Native	Hispanic or Latino
or Alaska Native	□ Other	☐ Angle or White ☐ Asian or Pacific Islande	□ Other r
☐ Asian or Pacific Islander	□ Not Available	11. DURING THE INCIDENT,	PEAGE OFFICER WAS:
4. DATE OF INCIDENT	23 Year 2015	On Duty Off Duty	
Month Day S. LOCATION OF INCIDENT	23 Year 2015	12. PEAGE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH OM
Street address 1025 Custo	er Ave.	Ø Yes □ No	
City Odessa		13. INCIDENT OCCURRED D	URING OR AS A RESULT OF A:
County Ector	Zip 79761	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ injury □ Death		Execution of a warrant	The state of the s
7. INJURED OR DECEASED PERSON:		☐ Hostage, barricade, or other emergancy situation	
7. IRJUNED ON DECEMBED PERSON: [2] Carried, exhibited or used a deadly weapon		Other - Spealfy type of	call
Did not carry, exhibit or use a		No. of the state o	



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. Pursuent to the requirements of Art. 2.139, the following reporting form has been created for reporting such incidents.

"Diffeer-involved injury or death" mappe on incident during which a peace officer discharges a firearre country injury or death to enother." Art. 2,129 Code of Criminal Procedure,

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

AGENCY/FACILITY INFORMAT			
Name of Agency/Facility	Odessa Police Department		
Address 205 N. Gran	TCAVE.		70764
City Odessa (432)	222 2644	Zip Code	79761
Telephone Number <u>(432)</u>	TO THE RESIDENCE OF THE PARTY O		
Signature of Director of Age	noy/Facility (Required) orm Sergeant David Lara		
UPS STEEL FLAG LIME TO SECTION OF STREET, BY SECTION OF STREET, STREET	allow (allowed by allow)	No service of the Mark	
Email of Person Filling Out F			
1. WHAT WAS THE INJURED O	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED O	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
27	☐ Not Available	27	
Mark one based on information t	R DECEASED'S RACE/ETHNICITY? reported on state driver license application, state ther government reported identification if available	10, WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
and known, if not evallable, mark n	ot available)	☐ American Indian	☐ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	Hispania or Latino
or Alaska Native	Hispanic or Latino	☐ Anglo or White	☐ Other
☐ Anglo or White	□ Other	Asian or Pacific Islande	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT	No. of the Control of	2 On Duty Off Duty	
Month 12 Day		12 PEACE OFFICER WAS D	ESPONDING TO CALL OR REQUEST WITH ONI
S. LOCATION OF INCIDENT		OR MORE OFFICERS:	
Street address 1025 Ct	uster Ave.	2 Yes No	Brand A. St.
City Odessa		13. INCIDENT OCCURRED D	DURING OR AS A RESULT OF A:
County Ector	Zip 79761	☐ Emergency Call or Requ	
		☐ Treffic stop	
6. INCIDENT RESULTED IN:		☑ Execution of a warrant	
42 injury 🗀 beath		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Other - Specify type of	call
7. INJURED OR DECEASED PERSON: [Carried, exhibited or used a deadly weapon [Did not carry, exhibit or use a deadly weapon		☐ Hostage, barricade, or	



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 crested for reporting such incidents.

"Officer-involved Injury or death" means an incident during which a power officer discharges a firearm causing injury or death to another." Art. 2.188 Code of Criminal Procedure,

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

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	A Committee of the Comm	
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		
Email of Person Pilling Out Portif		
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
Male Female	Ø Male ☐ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
5. WHAT WAS THE INJURED OR DECEASED'S RAGE/ETHNIGITY? (Mark one based on information reported on state driver license application, state identification card application, or other government reported identification if eval	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one) American Indian Black or African American	
American Indian Black or African American	or Alaska Native	
or Alaska Native Ø Hispanic or Latino	☑ Anglo or White □ Other	
☐ Anglo or White ☐ Other	☐ Asian or Pacific Islander	
☐ Asian or Pacific Islander ☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT	Ø on Duty Off Duty	
Month 12 Day 23 Year 2015	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE	
5. LOCATION OF INCIDENT	OR MORE OFFICERS:	
Street address 1025 Custer Ave.	☑ Yes □ No	
City Odessa	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Ector Zip 79761	☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:	☐ Trafflo atop	
☑ Injury 🔲 Death	Execution of a warrant	
7. INJURED OR DECEASED PERSON:	Hostage, barricade, or other emergency situation	
☑ Carried, exhibited or used a deadly weapon	Other - Specify type of call	
FT mid and course with the service or deciding processes	STATE OF THE STATE	



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.

"Diffeer-involved injury or death" means an incident during which a peace officer discharges a fineerin equality for death to another." Art. 2.129 Code of Criminal Procedure,

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

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-bx.gov		
email of Person Filling Out Forth		
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
Male Female	Ø Male □ Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
27 □ Not Available	28	
S. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? Mark one based on information reported on state order 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	
American Indian Black or African American	or Alaska Native Hispanic or Latino	
or Alaska Native Ø Hispanic or Latino	☐ Anglo or White ☐ Other	
□ Anglo or White □ Other □ Asian or Pacific Islander □ Not Available	Asian or Pacific Islander	
Asian or Facing Islander Direct Melisons	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT	Ø On Duty ☐ Off Duty	
Month 12 Day 23 Year 2015	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ON	
S. LOCATION OF INCIDENT	OR MORE OFFICERS:	
Street address 1025 Custer Ave.	☑ Yes □ No	
City Odessa	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Ector Zip 79761	☐ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:	□ Treffic stop	
© Injury □ Death	② Execution of a warrant	
	☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:	Other - Specify type of call	
Di Carried, exhibited or used a deadly weapon		



As required by Art. 2.139 of the Texas Code of Griminal 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 pease officer discharges a finarm country injury or death to another." Art. 2,189 Code of Criminal Procedure,

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

AGENCY/FACILITY INFORMATION		
Name of Agency/Fecility Odessa Police Department		
Address 205 N. Grant Ave.	10 A A - Land Color Colo	
City Odessa (400) 200 2011	Zip Code 79761	
Telephone Number (432) 333-3641	10	
Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Sergeant David Lara		
Email of Person Filling Out Form diara@odesse-tx.gov		
	garage consistent market acres	
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?	
Male	Male Female	
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
27 Not Available	41	
S. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? Mark one based on information reported on state driver license application, state deriver license application, state identification card application, or other government reported identification if available and known. If not available, mark not evellable.) American Indian Or Alaska Native Hispanic or Letino Anglo or White Other Not Available	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one) American Indian Or Alaska Native Anglo or White Asian or Pacific Islander 11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month 12 Day 23 Year 2015	2 On Outy 13 Off Duty 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ON	
Street address 1025 Custer Ave.	OR MORE OFFICERS:	
city Odessa	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Ector Zip 79761	☐ Emergency Gall or Request for Assistance	
8. INCIDENT RESULTED IN:	☐ Traffic stop	
🗹 Injury 🔲 Death	Execution of a warrant	
7. INJURED OR DECEASED PERSON:	Hostage, barricade, or other emergency situation	
	□ Other - Specify type of call	



As required by Art. 2.139 of the Texas Gode of Griminal Procedure, law enforcement agencies shall raport 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.

"Diffeor involved injury or death" magne on incident during which a pages officer discharges a firearm causing injury or death to enother." Art. 2.159 Code of Criminal Procedure,

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

Zip Code 79761
8. WHAT WAS THE PEACE OFFICER'S GENDER?
☑ Male ☐ Fernale
8. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT
40
10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)
or Alaska Native
☑ Angle or White □ Other
☐ Asian or Pacific Islander
11. DURING THE INCIDENT, PEACE OFFICER WAS:
2 On Duty Off Duty
12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
QÍ Yes □ No
1% INCIDENT OCCURRED DURING OR AS A RESULT OF A:
☐ Emergency Cell or Request for Assistance
☐ Traffic stop
② Execution of a warrant
☐ Hostage, barricade, or other emergency situation
□ Other — Specify type of call



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 popul officer discharges a finantin causing injury or death to another." Art. 2,188 Gods of Criminal Procedure.

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

AGENCY/FACILITY INFORMATI	IN Odessa Police Department		
Name of Agency/Facility			
Address 200 N. Grai		7in Code	79761
Telephone Number (432)	333-3641		
Signature of Director of Ager		MA	
Email of Person Filling Out Fo	m dlara@odessa-tx.gov		
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENTY	9. WHAT WAS THE PEACE OF	FRICER'S AGE AT THE TIME OF THE INCIDENT
Mark one based on information re	R DECEASED'S RACE/ETHNICITY? sported on state driver/license application, atoto mer government reported identification if evaliable available.)	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	Mispanic or Latino	2 Anglo or White	☐ Other
☐ Anglo or White	□ Other	Asian or Pacific Islande	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEAGE OFFICER WAS:
4. DATE OF INCIDENT Month 12 Day	23 Year 2015	Ø On Duty □ Off Duty	
A. C. Tolding by quit.	100	12. PEACE OFFICER WAS RE	ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT Street address 1025 Cu	ster Ave.	Ø Yes □ No	
City Odessa		13. INCIDENT OCCURRED D	DURING OR AS A RESULT OF A:
County Ector	Zip 79761	Emergency Call or Request for Assistance	
O. INCIDENT RESULTED IN:		☐ Traffic stop	
Ø Injury □ Death		Discoution of a warrant	
7. INJURED OR DECEASED PER	NO.	Version and the second second	other emergency altuation
7. INJURED OK DECEASED PER Carried, exhibited or used		☐ Other — Specify type of	cell
	a deadly weapon	T. A. D. D. W. S. D. C.	



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. 2.139, 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 existing injury or death to another." Art. 2.138 Code of Criminal Procedure,

Executor reported form to: officershootingreport@texasottorneygeneral.gov er Fax (512)463-9912

AGENCY/FACILITY INFORMATI Name of Agency/Facility	Odessa Police Department		
City Odessa		Zin Corte	79761
Telephone Number (432)	333-3641		
Signature of Director of Age Name of Person Filling Out F	ncy/Fecility (Required)		
Email of Person Filling Out Fo	dlara@odessa-tx.gov		
1. WHAT WAS THE INJURED O	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S SENDER?
2. WHAT WAS THE INJURED O	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFIGER'S AGE AT THE TIME OF THE INCIDENT
(Mark one based on information t	R DECEASED'S RACE/ETHNICITY? reported (on) istate driver license application, state ther government reported identification if evaluate of available.)	10. WHAY WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
☐ American Indian	☐ Black or African American	or Alaska Native	2 Hispanic or Latino
or Alaska Native	2 Hispanic or Latino	☐ Anglo or White	□ Other
☐ Anglo or White	□ Other	☐ Asian or Pacific Islande	
☐ Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS
4. DATE OF INCIDENT Month 12 Day	23 Year 2015	Ø On Outy □ Off Duty	
Month Day			ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT Street address 1025 CL	ister Ave.	OR MORE OFFICERS:	
City Odessa		13. INCIDENT OCCURRED D	OURING OR AS A RESULT OF A:
County Ector	Zip 79761	Emergency Cell or Request for Assistance	
8. INCIDENT RESULTED IN:	5.在一次的原理性。在1965年1971年1976	☐ Traffic stop	
☑ injury □ Death		Execution of a warrant	#4. Fig. Lo. E. 2006 Sec. 1925 Sec. 19
7. INJURED OR DECEASED PE	ROM		other emergency situation
✓ Carried, exhibited or uses		☐ Other — Specify type of	Call
C) Did not carry exhibit or u			



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 on 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 01/08/2016	
AGENCY/FACILITY INFORMATION Name of Agency/Facility HOUSTON POLICE DEPART Address 1200 TRAVIS City HOUSTON	TMENT 77002
	Code 77002
Telephone Number (713) 308-3642 Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form SERGEANT OFON BE odon, belmarez@housto	LMAREZ enpolice.on
I. WHAT WAS THE INJURED OR DECEASED'S GENDER?	PEACE OFFICER'S GENDER?
☑ Male ☐ Female	Co tale ☐ Fernale
2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME PHOLIDED 16	9. WHAT AS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
3. WHAT WAS THE INJURED OR DECEASED'S BACE/ETHI, CITY? (Mark one based on information reported on state river license application, or other government and identification of available and known if not available, merk not available.) American Indian Or Alaska Native Anglo or White Asian or Pacific laberder Not Available 4. DATE OF INCIDENT Month 12 Day 25 Year 2015	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: 20 On Duty Off Duty 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 4002 CORDER	OR MORE OFFICERS:
City HOUSTON County HARRIS Zip 77021	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
County HARRIS Zip 77021	
B. INCIDENT RESULTED IN: Injury Death	☐ Traffic stop ☐ Execution of a warrant ☐ Hostage, barricade, or other emargency situation
7. INJURED OR DECEASED PERSON:	Other - Specify type of call
☐ Carried, exhibited or used a deadly weapon	
Did not carry, exhibit or use a deadly weapon	



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.

Address P.O. Box 232	am Houston State University P		
City Huntsville		Zip Code	77341-2329
Telephone Number (936)	294-1794	<i>u</i> ,, -	
Signature of Director of Age	Christopher Standarfer	wew	
Name of Person Filling Out Fo	Christopher J. Standerfer		
Email of Person Filling Out Fo	cjs016@shsu.edu		
1. WHAT WAS THE INJURED O	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
☐ Male		☑ Male ☐ Female	
2 WHAT WAS THE IN HIRED O	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
	2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?		
23		23	
(Mark one based on information r	R DECEASED'S RACE/ETHNICITY? eported on state driver license application, state	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
identification card application, or of and known. If not evaluable, mark no	ther government reported identification if available at available.)	☐ American Indian	☑ Black or African American
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☐ Anglo or White	Other
2 Anglo or White	□ Other	Asian or Pacific Islande	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		□ On Duty Ø Off Duty	
Month 12 Day	26 Year 2015		
TATANA OF INCIDENT		OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT Street address 1312 Sm	lither Drive	☐ Yes ☑ No	
City Huntsville		17 INCIDENT ACCURAGE O	DURING OR AS A RESULT OF A:
County Walker	Zip 77340		
		☐ Emergency Call or Requ ☐ Traffic stop	reer in registative
8. INCIDENT RESULTED IN:		☐ Execution of a warrant	
☑ Injury □ Death		William Control of the Control of th	other emergency situation
7. INJURED OR DECEASED PE	RSON:	2 Other - Specify type of	
☐ Carried, exhibited or used	i a deadly weapon		ge of off duty weapon.
Did not carry, exhibit or u	se a deadly weapon	7 looidontal dioonal	go of on daty weapon.



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 INFORMATI		ENIT	
Manie of Agency/Facility	DUSTON POLICE DEPARTM	ENI	
Address 1200 TRAVIS			77002
	200 2642	Zip Code	77002
Telephone Number (713)		///	
Signature of Director of Ager	SERGEANT ODON BELM	AREZ	_
Name of Person Filling Out Fo	rm odon.belmarez@houstonp	olice.org	
Email of Person Filling Out Fo	rm		
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	FFICER'S GENDER?
Male Female		☑ Male ☐ Female	
2. WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT
22	☐ Not Available		
	R DECEASED'S RACE/ETHNICITY? sported on state driver license application, state	10. WHAT WAS THE PEACE (Mark only one)	OFFICER'S RACE/ETHNICITY?
	her government reported identification if available	American Indian	Black or African American
American Indian	Black or African American	or Alaska Native	☐ Hispanic or Latino
or Alaska Native	☐ Hispanic or Latino	☑ Anglo or White	☐ Other
☐ Anglo or White	□ Other	Asian or Pacific Islande	P
Asian or Pacific Islander	☐ Not Available	11 DUDING THE INGINERY	DEADE OFFICED WAS.
4. DATE OF INCIDENT		11. DURING THE INCIDENT, PEACE OFFICER WAS:	
Month 12 Day	29 _{Year} 2015		
		12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 3800 HIC	KOKIN	Yes Z No	
City HOUSTON	NON LIV.		
County HARRIS	Zip 77047	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County That the	др	Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		□ Traffic stop	
☑ Injury □ Death		☐ Execution of a warrant	
7. INJURED OR DECEASED PE	RSON:	Hostage, barricade, or other emergency situation	
Carried, exhibited or used			call
Did not carry, exhibit or us		ATTEMPTED RO	BBEKY



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.

DATE OF REPORT 10/26/2015			
AGENCY/FACILITY INFORMATION Name of Agency/Facility Seguin Po Address 350 N Guadalupe St	olice Dept		
City Seguin	Harris Arrive Ar	Zip Code 78155	
Telephone Number (830) 401-235	50 /	zip Gode _+O+OO	
Signature of Director of Agency/Facility	(Required) A.L. Il	ans	
Name of Person Filling Out Form MC	Meyers		
Email of Person Filling Out Form mcm			
1. WHAT WAS THE INJURED OR DECEASE	D PEACE OFFICER'S GENDER?		
☐ Male			
2. WHAT WAS THE INJURED OR DECEASE	D PEACE OFFICER'S AGE AT TIME OF IN	CIDENT?	
54	DI LINE OF TOLK O AUE AT THREE OF TH	W. W	
3. WHAT WAS THE INJURED OR DECEASE	D DEADE OFFICEDIS DAGE (FTUNISITY)	MADE ONLY ONE,	
American Indian or Alaska Native	Asian or Pacific Islander	Hispanic or Latino	
Anglo or White	Black or African American		
No. 10 P.	Z Black of All loan All loans	out of	
4. DATE OF INCIDENT	06	2015	
Month 10	Day 06 Year	2015	
5. LOCATION OF INCIDENT			
Street address 815 Lamar Dr		· · · · · · · · · · · · · · · · · · ·	to temper in the state of
City Seguin	minter in the second		
County Guadalupe		Zip_78	155
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			
B. WHAT WAS THE NON-PEACE OFFICER'S	AGE AT THE TIME OF THE INCIDENT?		
54			☐ Not Available
B. 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.

DATE OF REPORT 11/03/2015		1.00	
AGENCY/FACILITY INFORMATION Name of Agency/Facility Address 200 N Comal	unty Sheriff's Office		
City San Antonio		Zip Code 78207	
Telephone Number (210) 335-600	00		
Signature of Director of Agency/Facility Name of Person Filling Out Form Email of Person Filling Out Form SStu	Frank Stubbs #4048		
1. WHAT WAS THE INJURED OR DECEASE Male Female	D PEACE OFFICER'S GENDER?		
2. WHAT WAS THE INJURED OR DECEASE 42	D PEACE OFFICER'S AGE AT TIME OF INC	IDENT?	
3. WHAT WAS THE INJURED OR DECEASE	D PEACE OFFICER'S RACE/ETHNICITY? (MARK ONLY ONE)	
☐ American Indian or Alaska Native	☐ Asian or Pacific Islander	Hispanic or Latino	
☐ Anglo or White	Black or African American	Other	
4. DATE OF INCIDENT Month October	Day Year	2015	
5. LOCATION OF INCIDENT Street address 8000 Midcrown			
City San Antonio		70	220
County BEXAR		Zip 78	218
6. INCIDENT RESULTED IN			
d Injury of □ Death of d	Peace Officer		
☐ Injury of ☐ Death of ☐	Non-Peace Officer		
7. WHAT WAS THE NON-PEACE OFFICER'S	GENDER?		
8. WHAT WAS THE NON-PEACE OFFICER"	8 AGE AT THE TIME OF THE INCIDENT?		
36			☐ Not Available
9. WHAT WAS THE NON-PEACE OFFICER'S	RACE/ETHNICITY? (MARK ONLY ONE)		
☐ American Indian or Alaska Native	Asien 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.

DATE OF REPORT 12/29/2015			
AGENCY/FACILITY INFORMATION			
mente of reported/free mity	Police Department		
Address 205 N. Grant Ave.		70764	
City Odessa (422) 222 264		Zip Code 79761	
Telephone Number (432) 333-364		× 1	Claire
Signature of Director of Agency/Facility Name of Person Filling Out Form Serg	(Required)	- I Japan	CAC
Email of Person Filling Out Form dlara		The state of the s	
1. WHAT WAS THE INJURED OR DECEASE	PEACE OFFICER'S GENDER?		
Male Female			
2. WHAT WAS THE INJURED OR DECEASE	D PEACE OFFICER'S AGE AT TIME OF INC	IDENT?	
38			
3. WHAT WAS THE INJURED OR DECEASE	D 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 79	761
			SERVICE TO BE
6. INCIDENT RESULTED IN			
All the last of th	Peace Officer Non-Peace Officer		
7. WHAT WAS THE NON-PEACE OFFICER'S	GENDER?		
Male Female			
8. WHAT WAS THE NON-PEACE OFFICER'S	ABE 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	d Hispanic or Latino	☐ Not Available
☐ Andle or White	T Riack 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.

DATE OF REPORT 12/25/2015			
ABENCY/FACILITY INFORMATION			Not a street and the
maine or rigorioj/r doinej	Police Department		
Address 205 N. Grant Ave.		70764	
City Odessa (422) 222 26		Zip Code 79761	
Telephone Number (432) 333-36	-11/20	N 1 - 1	
Signature of Director of Agency/Facility		2) Jupan O	Vie.
Name of Person Filling Out Form Sen			
Email of Person Filling Out Form dlar	a@ouessa-ix.gov		
1. WHAT WAS THE INJURED OR DECEASE	ED PEACE OFFICER'S GENDER?		
Male D Female			
2. WHAT WAS THE INJURED OR DECEASE	ED PEACE OFFICER'S AGE AT TIME OF INC	CIDENT?	
42			
3. WHAT WAS THE INJURED OR DECEASE	ED PEACE OFFICER'S RAGE/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 Av	0.		
City Odessa			
County Ector		Zip_79	761
8. INCIDENT RESULTED IN			
☑ Injury of □ Death of ₽	Peace Officer		
□ Injury of □ Death of □	Non-Peace Officer		
7. WHAT WAS THE NON-PEACE OFFICER'S	B 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	B RACE/ETHNICITY? (MARK ONLY ONE)		
☐ American Indian or Alaska Native	Asian or Pacific Islander	Hispanic or Latino	☐ Not Available
C Andle or White	C Black or African American	☐ Other	