

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

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

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

Name of Agency/Facility City of McKinney Police Department Address 2200 Taylor-Burk City McKinney Zip Code 75071 Telephone Number (972) 547-2700 Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Lieutenant Mark Moyle Email of Person Filling Out Form mimoyle@mckinneytexas.org I. WHAT WAS THE INJURED OR DECEASED'S GENDER? Male Female Male	AGENCY/FACILITY INFORMATIO	DN of Makingay Balias Danasta		
Telephone Number (972) 547-2700 Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Lieutenant Mark Moyle Email of Person Filling Out Form mmoyle@mckinneytexas.org 1. WHAT WAS THE INJURED OR DECEASED'S GENDER? Male Female Male Female Male Female Male Female 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT? 35 Not Available 3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? Chark one based on information reported in static driver license application, at right endification or application or others generated identification and application or others generated in the station of the swilable. 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 O9 Day 23 Year 2015 5. LOCATION OF INCIDENT Zip 75069 6. INCIDENT RESULTED IN: Execution of a warrant Hostage, berricade, or other emergency situation Charle or other generation Charl	Name of Agency/Facility CI	y of Mickinney Police Departin	nent	
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□ Anglo or White □ Other □ Asian or Pacific Islander □ Not Available □ 11. DURING THE INCIDENT, PEACE OFFICER WAS: 4. DATE OF INCIDENT Month ○ 9 Day 23 Year 2015 □ 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS: Street address 1300 Eldorado Pkwy □ 13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: County ○ Collin □ Zip 75069 □ Execution of a warrant □ Injury □ Death □ Execution of a warrant □ Hostage, barricade, or other emergency situation □ Other - Specify type of call □	American Indian	☐ Black or African American	or Alaska Native	Hispanic or Latino
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6. INCIDENT RESULTED IN: □ Injury □ Death □ Hostage, barricade, or other emergency situation 7. INJURED OR DECEASED PERSON: □ Other — Specify type of call	City McKinney		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
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7. INJURED OR DECEASED PERSON: Hostage, barricade, or other emergency situation Other — Specify type of call	The latest the same of the sam		☐ Execution of a warrant	
Li Other – Specify type of car			☐ Hostage, barricade, or	other emergency situation
	7. INJURED OR DECEASED PER	SON:	☐ Other - Specify type of call	
	Did not carry, exhibit or us	a deadly weapon		