

## PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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

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

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

DATE OF REPORT 10/05/2	2015		
AGENCY/FACILITY INFORMA			
Name of Agency/Facility P	earland Police Department		
Address 2555 Cullen	Parkway		
<sub>City</sub> Pearland		Zip Code 77584	
Telephone Number (281)	997-4100		
Signature of Director of Age	ency/Facility (Required)		
Name of Person Filling Out	Form Chief J.C. Doyle	3	
Email of Person Filling Out I	Form 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	OFFICER'S AGE AT THE TIME OF THE INCIDENT?
29	☐ 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		10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)	
and known. If not available, mark		☐ 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 ÓFFICER WAS:
4. DATE OF INCIDENT		On Duty Off Duty	
Month 9 Day	y13 Year2015		ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	
Street address 300 bloc	ck Galley Way	✓ Yes □ No	
City Freeport		13. INCIDENT OCCURRED 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 PERSON:		☐ Other – Specify type of call	
☑ Carried, exhibited or use		•	
☐ Did not carry, exhibit or u	use a deadly weapon		