

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

AGENCY/FACILITY INFORMATI	ON Over County Constable Bet 4		
Name of Agency/Facility 2711 SE Loop	exar County Constable Pct. 4		
Address 2711 SE Loop City San Antonio	7410		78222
	335_4950	Zip Code	_e 78222
Telephone Number (210)	000-4900	2 115	
Signature of Director of Ager	ncy/Facility (Required)	410	
Email of Person Filling Out Fo	rm fmartinez@bexar.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 INCIDENT?		9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT	
22 Not Available		38	
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.)		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	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 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 Pecan Grove		Ø Yes □ No	
City San Antonio		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Bexar	Zip 78222		
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			
Did not carry, exhibit or us	e a deadly weapon		