

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 INFORMATION	ON		
Name of Agency/Facility Le	on County Sheriff's Office		
Address P.O. Box 278			
City Centerville		Zip Code 75833	
Telephone Number (903)	536-2749		
Signature of Director of Agen	cy/Facility (Required)	lli	
Name of Person Filling Out Fo	rm Peggy Ivey		
Email of Person Filling Out Fo	peggy.ivey@co.leon.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	
28 Not Available		43	
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 Islande	i r
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT		② On Duty ☐ Off Duty	
Month 11 Day	16 Year 2015	10 DEADE OFFICER WAS DE	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	ESPUNDING TO CALL ON REQUEST WITH ONE
Street address Hwy 7 East		☑ Yes □ No	
City Centerville		12 INCIDENT OCCUPOED D	NIDING OR AS A DESIRT OF A.
County Leon Zip 75833		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: © Emergency Call or Request for Assistance	
		☐ Traffic stop	dest for Assistance
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	
☑ Carried, exhibited or used	a deadly weapon		
☐ Did not carry, exhibit or us	e a deadly weapon		