

## 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		
Name of Agency/Facility G	alveston County Sheriff's Offic	e	
Address 601 54th Stre	et		
<sub>City</sub> Galveston		Zip Code 77551	
Telephone Number (409)	766-2300	.1 0	
Signature of Director of Ager	ncy/Facility (Required)	Trochent	Henry Trochesset, Sheriff
Name of Person Filling Out Fo	Darrell Isaacks, Major		
Email of Person Filling Out Fo	darrell.isaacks@co.galves	ton.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	
29 □ Not Available		51	
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		☑ On Duty ☐ Off Duty	
Month 09 Day	13 <sub>Year</sub> 2015		
S. LODAZION OF MAIDENT		12. PEACE OFFICER WAS RES OR MORE OFFICERS:	PONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 327 Galley Way		ZÍYes □ No	
City Freeport			
County Brazoria Zip 77541		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	
7. INJURED OR DECEASED PERSON:		☐ Hostage, barricade, or other emergency situation ☐ Other – Specify type of call	
Carried, exhibited or used		□ other – specify type of ca	
Did not carry, exhibit or us			