

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

44.40.00	245		
DATE OF REPORT 11/13/20	015		
AGENCY/FACILITY INFORMAT	TION		
Name of Agency/Facility L	aredo Police Department		
Address 4712 Maher	Ave.		
_{City} Laredo		Zip Code 78041	
Telephone Number (956)	795-2800	0	
Signature of Director of Age	ency/Facility (Required)	E Dun	
Name of Person Filling Out	Form Lt. Ricardo Gonzalez		
Email of Person Filling Out I	rgonzalez3@ci.laredo.tx.us	S	
			OFFICE DIS CENTEDS
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?		8. WHAT WAS THE PEACE OFFICER'S GENDER?	
☑ Male ☐ Female		☐ Male	
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	
25	☐ Not Available	29	
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)	D. D. Lander and Company
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 OFFICER WAS:	
4. DATE OF INCIDENT		☑ On Duty ☐ Off Duty	
Month 11 Da	y09 Year2015	12 PEACE DEFICER WAS R	RESPONDING TO CALL OR REQUEST WITH ON
5. LOCATION OF INCIDENT		OR MORE OFFICERS:	
Street address 11119 Kirby Dr. Apt. #: 211		☑ Yes □ No	
City Laredo		13 INCIDENT OCCURRED I	DURING OR AS A RESULT OF A:
County Webb Zip 78041		✓ Emergency Call or Request for Assistance	
		☐ Traffic stop	
6. INCIDENT RESULTED IN:		Execution of a warrant	
☐ Injury		✓ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		☐ Other — Specify type of call	
☑ Carried, exhibited or use	ed a deadly weapon	_ 505. 5000	
☐ Did not carry, exhibit or	use a deadly weapon		