

PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

As required by Art. 2.139 of the Texas Gode 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 10/15/2015	
AGENCY/FACILITY INFORMATION	
Name of Agency/Facility	
Address 305 N. O'Connor Road	
_{City} Irving	Zip Code 75061
Telephone Number (972) 721-2471	
Signature of Director of Agency/Facility (Required)	1 Bross
Name of Person Filling Out Form Michael Coleman (/	
Email of Person Filling Out Form mcoleman@cityofirving.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?
44 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	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)
and known. If not available, mark not available.)	☐ 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 Đuty ☐ Off Duty
Month09Day08Year2015	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
5. LOCATION OF INCIDENT	Yes Z No
Street address 1500 Range Road	Lies 2 No
City DFW Airport	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
County Tarrant Zip 75261	☐ 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:	1 Other — Specify type of call
☐ Carried, exhibited or used a deadly weapon ☑ Did not carry, exhibit or use a deadly weapon	Training Exercise—bullet fragments resulting in minor injury.