



# 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](mailto:officershootingreport@texasattorneygeneral.gov) or Fax (512)463-9912

DATE OF REPORT 12/09/2015

## AGENCY/FACILITY INFORMATION

Name of Agency/Facility JAL POLICE DEPARTMENT

Address 3421 STATE ROAD 18 JAL NM P.O. DRAWER W

City JAL, NEW MEXICO

Zip Code 88252

Telephone Number (575) 395-2501

Signature of Director of Agency/Facility (Required) 

Name of Person Filling Out Form MAURICIO VALERIANO

Email of Person Filling Out Form m.valeriano@cityofjal.us

## 1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

☒ Male ☐ Female

## 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

31

☐ Not Available

## 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.)

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Black or African American     |
| <input type="checkbox"/> or Alaska Native          | <input checked="" type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Anglo or White            | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Not Available                 |

## 4. DATE OF INCIDENT

Month November Day 30 Year 2015

## 5. LOCATION OF INCIDENT

Street address HWY 115

City

County Winkler County Zip 79745

## 6. INCIDENT RESULTED IN:

☐ Injury ☒ Death

## 7. INJURED OR DECEASED PERSON:

- ☒ Carried, exhibited or used a deadly weapon  
☐ Did not carry, exhibit or use a deadly weapon

## 8. WHAT WAS THE PEACE OFFICER'S GENDER?

☒ Male ☐ Female

## 9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

36

## 10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> or Alaska Native          | <input type="checkbox"/> Hispanic or Latino        |
| <input checked="" type="checkbox"/> Anglo or White | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Asian or Pacific Islander |  |

## 11. DURING THE INCIDENT, PEACE OFFICER WAS:

☒ On Duty ☐ Off Duty

## 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

☒ Yes ☐ No

## 13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- ☒ Emergency Call or Request for Assistance  
☐ Traffic stop  
☐ Execution of a warrant  
☐ Hostage, barricade, or other emergency situation  
☐ Other — Specify type of call