

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

DATE OF REPORT _10/01/2015	5		
AGENCY/FACILITY INFORMATIO	N		
Name of Agency/Facility Alv	in Police Department		
Address 1500 South Go	ordon Street		
_{City} Alvin		Zip Code 77511	
Telephone Number (281) 3	88-4370		
Signature of Director of Agend	cy/Facility (Required)		
Name of Person Filling Out For	Chief Robert E. Lee		
Email of Person Filling Out For	rlee@cityofalvin.com		
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?	
29	☐ Not Available	42	
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 Islande	er
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT,	PEACE OFFICER WAS:
4. DATE OF INCIDENT		☑ On Duty ☐ Off Duty	
Month9 Day _	13 _{Year} 2015	12. PEACE OFFICER WAS R	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT		✓ Yes □ No	
Street address 300 block	Galley Way	Maries 1140	
City Freeport		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Brazoria Zip 77541		Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☐ Injury		Execution of a warrant	
	CON	\square Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		□ Other – Specify type of call	
Carried, exhibited or used a			
☐ Did not carry, exhibit or use	e a deadly weapon		



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

DATE OF REPORT 10/01/2015	5		
AGENCY/FACILITY INFORMATIO			
Name of Agency/Facility Alv	in Police Department		
Address 1500 South Go	ordon Street		
City Alvin		7: 0.1	77511
Telephone Number (281) 3	88_4370	Zip Code	e
	< D/2	/	
Signature of Director of Agenc Name of Person Filling Out For	Chief Robert E. Lee		
Email of Person Filling Out For	m rlee@cityofalvin.com		
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE O	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 O	FFICER'S AGE AT THE TIME OF THE INCIDENT?
29 □ Not Available		30	
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY?			OFFICER'S RACE/ETHNICITY?
identification card application, or oth	ported on state driver license application, state er government reported identification if available	(Mark only one)	
and known. If not available, mark not		☐ 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	
Month9 Day _	13 _{Year} 2015		
		12. PEACE OFFICER WAS R OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
Street address 300 block Galley Way		✓ Yes □ No	
	Calley Way	2 100 2 110	
City Freeport 77544		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Brazoria Zip 77541		Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☐ Injury		Execution of a warrant	
7 W WINES OF PEOPLOSE PEO		\square Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PER		☐ Other – Specify type of call	
Carried, exhibited or used a			
☐ Did not carry, exhibit or use	e a deadly weapon		