

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 CONTRACTOR OF THE STATE OF T	de la care	
Name of Agency/Facility Ar	lington Police Department		
Address 620 W. Division	on Street		
City Arlington, Texas		Zip Code 76011	
Telephone Number (817)	459-5667		
Signature of Director of Ager	cy/Facility (Required)	1 #1360	4/15
Name of Person Filling Out Fo	rm lewis.coggeshall@arlingtor	ntx gov	
Email of Person Filling Out Fo	rm 194191919191919191919191919191919191919		
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 OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
38 □ Not Available		54	
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 Islande	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT		Ø On Duty ☐ Off Duty	
Month September Day	25 Year 2015	10 DEAGE OFFICED WAS B	PORONDING TO CALL OR DEGUEST WITH ON
5. LOCATION OF INCIDENT		12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ON OR MORE OFFICERS:	
Street address 500 N. Cooper Street		☑ Yes □ No	
City Arlington, Texas		13 INCIDENT OCCURRED I	OURING OR AS A RESULT OF A:
County Tarrant zip 76012		☐ Emergency Call or Request for Assistance	
		☐ Traffic stop	
6. INCIDENT RESULTED IN:		☐ Execution of a warrant	
☑ Injury □ Death		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Other - Specify type of call	
☑ Carried, exhibited or used a deadly weapon		Felony traffic stop of Armed Robbery Suspect.	
☐ Did not carry, exhibit or us	e a deadly weapon	. Jidny admo otop	and a real of the second of th