

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 INFORMATION			
Name of Agency/Facility HO	USTON POLICE DEPARTME	ENT	
Address 1200 TRAVIS			
City HOUSTON		Zip Code 77002	
Telephone Number (713) 30	08-3642	1000	
Signature of Director of Agenc	v/Facility (Required)	Ich	
Name of Person Filling Out For	SERGEANT ODON BELLA	AREZ	
Email of Person Filling Out For	odon.belmarez@houstonp	olice.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 INCIDEN	
21	☐ Not Available	28	
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? (Merk 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 Other	Asian or Pacific Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT		☑ On Duty ☐ Off Duty	
Month 09 05		12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ON
Street address 4926 CHENNAULT RD.		☑ Yes ☐ No	
City_HOUSTON		47 INCHDENT OCCUPATED O	AUDIAIO OD AC A DECUIT OF A.
County HARRIS Zip 77033		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
Legisla Resolution and the Control of the Control o		☑ Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ Injury □ Death		Execution of a warrant	
7. INJURED OR DECEASED PERSON:		☐ Hostage, barricade, or other emergency situation ☐ Other – Specify type of call	
Carried, exhibited or used		La other – Specify type of	Call
	e a deadly weapon		