

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 10/13/2015	5		
AGENCY/FACILITY INFORMATIO	N	<i>P</i> 4	
Name of Agency/Facility Sor	nora Police Department		
Address 609 S. Water A	\venue		
City Sonora		Zip Code 76950	
Telephone Number (325) 3	87-3888		
Signature of Director of Agence	v/Facility (Required)	R Dodlag	3 3
Name of Person Filling Out For	m Melissa Fuentes, Administ	rative Assistant	
Email of Person Filling Out For	sonorapd@sonora-texas.c	om	
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?	
39	☐ Not Available	63	
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 drily 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 Islander	
Asian or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT		☑ On Duty ☐ Off Duty	
Month October Day	08 _{Year} 2015	a Communication of the Communi	
		12. PEACE OFFICER WAS RI OR MORE OFFICERS:	ESPONDING TO CALL OR REQUEST WITH ONE
5. LOCATION OF INCIDENT Street address 417 HWY 277 N		ØÎ Yes □ No	
	2// 14		
City Sonora 76050		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
County Sutton Zip 76950		Emergency Call or Request for Assistance	
6. INCIDENT RESULTED IN:		☐ Traffic stop	
☑ Injury □ Death		☐ Execution of a warrant	
T IN HOLD OD DEGENOED DEDGON		☐ Hostage, barricade, or other emergency situation	
7. INJURED OR DECEASED PERSON:		Other – Specify type of call	
Carried, exhibited or used a		8	
Did not carry, exhibit or use	a deadly weapon		