

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 10/09/2015	
AGENCY/FACILITY INFORMATION	
Name of Agency/Facility MIDLAND COUNTY SHERIFF'S	S OFFICE
Address 400 SOUTH MAIN	
City MIDLAND	Zip Code 79701
Telephone Number (432) 688-4600	1
Signature of Director of Agency/Facility (Required)	Laure , Sheup
Name of Person Filling Out Form LT. DONALD GRAHAM	/ //0
Email of Person Filling Out Form SOPAT104@CO.MIDLAN	D.TX.US
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?
22 Not Available	58
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)
identification card application, or other government reported identification if available 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
☐ 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 10 Day 03 Year 2015	
	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
5. LOCATION OF INCIDENT Street address 5300 BLK THOMASON	✓ Yes □ No
City MIDLAND	
County MIDLAND Zip 79703	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
county NIBE NAS	☐ 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
☑ Carried, exhibited or used a deadly weapon	✓ Other – Specify type of call
☐ Did not carry, exhibit or use a deadly weapon	Investigation of criminal activity