



# 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](mailto:officershootingreport@texasattorneygeneral.gov) or Fax (512)463-9912

DATE OF REPORT 11/30/2015

## AGENCY/FACILITY INFORMATION

Name of Agency/Facility Longview Police Department

Address P.O. Box 1952

City Longview

Zip Code 75606

Telephone Number (903) 237-1199

Signature of Director of Agency/Facility (Required)

*Michael D. Bishop* Michael D. Bishop, Chief of Police

Name of Person Filling Out Form Russell Washburn

Email of Person Filling Out Form rwashburn@longviewtexas.gov

### 1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

☒ Male ☐ Female

### 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

35

☐ Not Available

### 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.)

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> or Alaska Native          | <input type="checkbox"/> Hispanic or Latino        |
| <input checked="" type="checkbox"/> Anglo or White | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Not Available             |

### 4. DATE OF INCIDENT

Month November Day 17 Year 2015

### 5. LOCATION OF INCIDENT

Street address 445 Forest Square

City Longview

County Gregg Zip 75605

### 6. INCIDENT RESULTED IN:

☒ Injury ☐ Death

### 7. INJURED OR DECEASED PERSON:

- ☒ Carried, exhibited or used a deadly weapon  
☐ Did not carry, exhibit or use a deadly weapon

### 8. WHAT WAS THE PEACE OFFICER'S GENDER?

☒ Male ☐ Female

### 9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?

30

### 10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> or Alaska Native          | <input type="checkbox"/> Hispanic or Latino        |
| <input checked="" type="checkbox"/> Anglo or White | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Asian or Pacific Islander |  |

### 11. DURING THE INCIDENT, PEACE OFFICER WAS:

☒ On Duty ☐ Off Duty

### 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

☒ Yes ☐ No

### 13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:

- ☐ Emergency Call or Request for Assistance  
☐ Traffic stop  
☐ Execution of a warrant  
☐ Hostage, barricade, or other emergency situation  
☒ Other - Specify type of call \_\_\_\_\_

Call for service, Burglary Alarm