

☐ Did not carry, exhibit or use a deadly weapon

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

B.H. DATE OF REPORT 12/09/2015 AGENCY/FACILITY INFORMATION Name of Agency/Facility Comal County Sheriffs Office Address 3005 W San Antonio Street City New Braunfels TX, Telephone Number (830) 620-3400 Signature of Director of Agency/Facility (Required) Name of Person Filling Out Form Detective Chris Garza Email of Person Filling Out Form garzac@co.comal.tx.us 1. WHAT WAS THE INJURED OR DECEASED'S GENDER? 8. WHAT WAS THE PEACE OFFICER'S GENDER? ☑ 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? 34 36 ■ Not Available 3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? 10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, state (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 □ 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 ____ 11 2015 Day 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS: 5. LOCATION OF INCIDENT Street address 421 Rambling Drive ☑ Yes ☐ No City Canyon Lake 13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: Zip 78130 County Comai 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