

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 | 15 | | |
|---|-----------------------------|--|---------------------------------------|
| AGENCY/FACILITY INFORMAT Name of Agency/Facility | IIDLAND COUNTY SHERIFF'S | OFFICE | |
| Address 400 SOUTH | MAIN | | |
| City_MIDLAND | | Zip Code 79701 | |
| Telephone Number (432) | 688-4600 | 1 | |
| Signature of Director of Age | ency/Facility (Required) | Laintly Shein | / |
| Name of Person Filling Out F | orm LT. DONALD GRAHAM | |) |
| Email of Person Filling Out F | orm SOPAT104@CO.MIDLAN | D.TX.US | |
| | | 8. WHAT WAS THE PEACE OFFICER'S GENDER? | |
| 1. WHAT WAS THE INJURED OR DECEASED'S GENDER? ✓ Male ☐ Female | | Male ☐ Female | |
| ₩ Male □ Female | | water Tremate | |
| 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 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 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 | ☐ Asian or Pacific Islande | r |
| ☐ Asian or Pacific Islander | ☐ Not Available | 11. DURING THE INCIDENT, | DEACE DEFICER WAS: |
| 4. DATE OF INCIDENT | | ✓ On Duty ☐ Off Duty | |
| Month 10 Day | 03 _{Year} 2015 | | |
| | | 12. PEACE OFFICER WAS RI | ESPONDING TO CALL OR REQUEST WITH ONE |
| 5. LOCATION OF INCIDENT Street address 5300 BLK THOMASON | | ✓ Yes □ No | |
| | RTIOMASON | | |
| City MIDLAND County MIDLAND Zip 79703 | | 13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: | |
| County MIDLAND Zip 79703 | | ☐ 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 | |
| 1 | | ☑ Other – Specify type of call | |
| ✓ Carried, exhibited or used a deadly weapon☐ Did not carry, exhibit or use a deadly weapon | | Investigation of crit | minal activity |
| with the carry, calling of a | oo a acaaly weapon | | |