

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 completed form to: officershootingreport@texasattorneygeneral.gov

DATE OF REPORT O6/01/2017	
Name of Agency/Facility Austin Police Department Address P.O. Box 689001	
City Austin	Zip Code 78768
Telephone Number 512-974-5000	Zip code . O
Signature of Director of Agency/Facility (Required)	
Name of Person Filling Out Form Scott Ehler	
Email of Person Filling Out Form Scott. ehlert & austin texas. gov	
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?
2 ✓ □ Not Available	31
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	or Alaska Native ☐ Hispanic or Latino ☐ White ☐ Other
☐ Anglo or White ☐ Other	Asian or Pacific Islander
☐ Asian or Pacific Islander ☐ Not Available	
A DATE OF MODERN	11. DURING THE INCIDENT, PEACE OFFICER WAS:
4. DATE OF INCIDENT Month OS Day 07 Year 20/7	☑ On Duty ☐ Off Duty
TIME: Hour 2 Min 39 PM PM	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:
5. LOCATION OF INCIDENT	☐ Yes ☐ No
Street address 600 blk Trinity St.	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
city Ausdin	Emergency Call or Request for Assistance
County Travis Zip 78701	☐ Traffic stop
6. INCIDENT RESULTED IN: Injury Death	Execution of a warrant
	☐ Hostage, barricade, or other emergency situation
7. INJURED OR DECEASED PERSON:	☐ Other — Specify type of call
☑ Carried, exhibited or used a deadly weapon	
Did not carry: exhibit or use a deadly weapon	