



DATE OAG RECEIVED _____

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 03/06/2017

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Austin Police Department
 Address PO Box 689001
 City Austin Zip Code 78768-9001
 Telephone Number 512-974-5000
 Signature of Director of Agency/Facility (Required) [Signature]
 Name of Person Filling Out Form Scott Ehlert
 Email of Person Filling Out Form scott.ehlert@austintexas.gov

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

Male Female

8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male Female

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

30 Not Available

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

30

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.)

- American Indian
- or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other
- Not Available

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

(Mark only one)

- American Indian or Alaska Native
- Anglo or White
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Other

4. DATE OF INCIDENT

Month 02 Day 22 Year 2017
 TIME: Hour 5 Min 58 AM PM

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 7600 blk Manchaca Rd.
 City Austin
 County Travis Zip _____

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

Yes No

6. INCIDENT RESULTED IN:

Injury Death

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 _____

7. INJURED OR DECEASED PERSON:

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