

## 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 12/21/2015	5			
Name of Agency/Facility Am Address 200 SE 3rd	n arillo Police Department			
Address 200 SE Sid			79101	
	78.0463	Zip Code	70101	
Telephone Number (806) 3		Trale		
Signature of Director of Agenc	Sgt. Chris Sheffield	Myn		
Name of Person Filling Out For	chris.sheffield@amarillo.go	DV		
Email of Person Filling Out For	m <u></u>			
1. WHAT WAS THE INJURED OR	DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?		
<b>☑</b> Male ☐ Female		<b>Ø</b> Male ☐ Female		
2 WHAT WAS THE INJURED OR	DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FFICER'S AGE AT THE TIME OF THE INCIDENT?	
		34		
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		10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)		
and known. If not available, mark not		☐ 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	□ 0ther	
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 12 Day	20 <sub>Year</sub> 2015		ESPONDING TO CALL OR REQUEST WITH ONE	
5. LOCATION OF INCIDENT		OR MORE OFFICERS:		
Street address 833 S. Tra	avis	✓ Yes □ No		
City Amarillo		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:		
County Potter Zip 79102		Emergency Call or Request for Assistance		
6. INCIDENT RESULTED IN:		☐ Traffic stop		
□ Injury ☑ Death		☐ Execution of a warrant		
		$\square$ Hostage, barricade, or other emergency situation		
7. INJURED OR DECEASED PER		☐ Other – Specify type of call		
☑ Carried, exhibited or used a				
☐ Did not carry, exhibit or use	e a deadly weapon			



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Address 200 SE 3rd				
<sub>City</sub> Amarillo		Zip Code	79101	
Telephone Number (806) 3	78-9463			
Signature of Director of Agenc	cy/Facility (Required) X Mich	mon		
Name of Person Filling Out For	Sgt. Chris Sheffield			
Email of Person Filling Out For	chris.sheffield@amarillo.go	OV	<u> </u>	
1. WHAT WAS THE INJURED OR		8. WHAT WAS THE PEACE OFFICER'S GENDER?		
<b>☑</b> 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?		
31	☐ Not Available	32		
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 Islander		
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