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.

 $\textbf{\textit{Email completed form to:}} \ of ficers hooting report @texas attorney general.gov$

DATE OF REPORT 05/10/2018				
AGENCY/FACILITY INFORMATION				
Name of Agency/Facility Amarillo Police Dep	artment			
Address 200 SE 3rd Ave.				
_{City} Amarillo		Zip Code 79101		
Telephone Number (806) 378-3038				
Signature of Director of Agency/Facility (Required) _				
Name of Person Filling Out Form Sgt M. Dunn 2	:50			
Email of Person Filling Out Form michael.dunn(@amarillo.go	V		
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?		
31 □ Not Available		47		
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 available.)	tilication il available	☐ American Indian	☐ Black or African American	
☐ American Indian ☐ Black or African A	\merican	or Alaska Native	☐ Hispanic or Latino	
or Alaska Native 🗸 Hispanic or Latin	0	☑ Anglo or White	□ Other	
☐ Anglo or White ☐ Other		☐ Asian or Pacific Islande	r	
☐ Asian or Pacific Islander ☐ Not Available		11. DURING THE INCIDENT,	PEACE OFFICER WAS:	
4. DATE OF INCIDENT		☐ On Duty ☐ Off Duty		
Month April Day 24 Year 20	18	40 DEAGE OFFIGED WAS DE	FORMULIA TO CALL OR REQUEST WITH ONE	
TIME: Hour <u>8</u> Min <u>5</u> ☑ AM □ PM		12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:		
5. LOCATION OF INCIDENT		Yes 🗆 No		
Street address 4107 Harmony		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:		
_{City} Amarillo		☐ Emergency Call or Request for Assistance		
County Randall Zip 79107		☐ Traffic stop		
6. INCIDENT RESULTED IN:		□ 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				