



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 11/06/2015

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Waco Police Department
Address 3115 Pine Avenue
City Waco Zip Code 76708
Telephone Number (254) 750-7500
Signature of Director of Agency/Facility (Required) [Signature]
Name of Person Filling Out Form V.R. Price, Jr., Sergeant
Email of Person Filling Out Form jprice@wacotx.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?

25 Not Available

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

41

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

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

(Mark only one)

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

4. DATE OF INCIDENT

Month October Day 31 Year 2015

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 4000 N. 19th Street
City Waco
County McLennan Zip 76708

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



DATE OAG RECEIVED _____

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Email completed form to: officershootingreport@texasattorneygeneral.gov

DATE OF REPORT 07/15/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Waco Police Department
 Address 3115 Pine Avenue
 City Waco Zip Code 76708
 Telephone Number (254) 750-7500
 Signature of Director of Agency/Facility (Required) Frank Aertsch, Acting Chief
 Name of Person Filling Out Form V.R. Price, Jr., Sgt.
 Email of Person Filling Out Form jprice@wacotx.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?

32 Not Available

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

46

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.)

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 Asian or Pacific Islander Not Available

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

(Mark only one)

American Indian Black or African American
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 Anglo or White Other
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4. DATE OF INCIDENT

Month July Day 11 Year 2016
 TIME: Hour 4 Min 42 AM PM

11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty Off Duty

5. LOCATION OF INCIDENT

Street address 3000 Bk. Lyle Avenue
 City Waco
 County McLennan Zip 76708

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
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 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

Frank Aertsch 7/15/16



DATE OAG RECEIVED _____

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DATE OF REPORT 07/15/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Waco Police Department
 Address 3115 Pine Avenue
 City Waco Zip Code 76708
 Telephone Number (254) 750-7500
 Signature of Director of Agency/Facility (Required) *Frank Seretich, Acting Chief*
 Name of Person Filling Out Form V.R. Price, Jr., Sgt.
 Email of Person Filling Out Form jprice@wacotx.gov

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emailed 7/15/16