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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 08/30/2017		
AGENCY/FACILITY INFORMATION		
Name of Agency/Facility Waco Police Department		
Address 3115 Pine Avenue		
City_Waco	Zip Code76708	
Telephone Number (254) 750-7500	Λ	
Signature of Director of Agency/Facility (Required)		
Name of Person Filling Out Form V.R. Price, Jr., Sergea	nt	
Email of Person Filling Out Formiprice@wacotx.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 INCIDEN	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?	
37 □ Not Availab	. 2	
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, st identification card application, or other government reported identification if availa	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)	
and known. If not available, mark not available.)	☐ 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	
☐ Asian or Pacific Islander ☐ Not Available	11. DURING THE INCIDENT, PEACE OFFICER WAS:	
4. DATE OF INCIDENT Month August Day 01 Year 2017	☑ On Duty ☐ Off Duty	
TIME: Hour 10 Min 12 Z AM P	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:	
5. LOCATION OF INCIDENT	■ Yes No	
Street address N. 23rd & Olive Streets	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:	
_{City} Waco	☐ Emergency Call or Request for Assistance	
County McLennan Zip 76708	_ ☑ Traffic stop	
C INCIDENT PROUTED IN. This was To be the	Execution of a warrant	
6. INCIDENT RESULTED IN: Injury	☐ 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		



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DATE OF REPORT 08/30/2	2017			
AGENCY/FACILITY INFORMAT				
	Waco Police Department			
Address 3115 Pine A	Avenue			
City Waco		Zip Code	76708	
Telephone Number (254)	750-7500			
	ency/Facility (Required)			
	orm V.R. Price, Jr., Sergeant			
Email of Person Filling Out F	_{orm} jprice@wacotx.gov			
1. WHAT WAS THE INJURED O	OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OF	FFICER'S GENDER?	
Male ☐ Female		Ø Male ☐ Female		
2. WHAT WAS THE INJURED O	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OF	FICER'S AGE AT THE TIME OF THE INCIDENT?	
37	☐ Not Available	35	The model in	
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)		
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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		
Asìan or Pacific Islander	☐ Not Available	11. DURING THE INCIDENT, I	PEACE OFFICER WAS:	
4. DATE OF INCIDENT		☑ On Duty ☐ Off Duty		
Month August Day			•	
TIME: Hour 10	Min 12	12. PEACE OFFICER WAS RES OR MORE OFFICERS:	SPONDING TO CALL OR REQUEST WITH ONE	
5. LOCATION OF INCIDENT		🗆 Yes 💆 No		
Street address N. 23rd	& Olive Streets	13 INCIDENT OCCURRED DU	RING OR AS A DESUIT OF A.	
_{City} Waco		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: ☐ Emergency Call or Request for Assistance		
County McLennan	Zip 76708	✓ Traffic stop		
		☐ Execution of a warrant		
3. INCIDENT RESULTED IN:	🗖 Injury 📮 Death			
7. INJURED OR DECEASED PER	ISON:	☐ Hostage, barricade, or other emergency situation ☐ Other — Specify type of call		
Z Carried, exhibited or used	a deadly weapon	La other — Spechy type of ca	dii	
7 Did not carry exhibit or us	e a deadly weapon			

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AGENCY/FACILITY INFORMA	TION		
Name of Agency/Facility	Waco Police Department		
Address 3115 Pine	Avenue		
_{City} Waco		Zip Code 76708	
Telephone Number (254)	750-7500	2.15 000	
Signature of Director of Age	ency/Facility (Required)		
Name of Person Filling Out	Form V.R. Price, Jr., Sergeant		
Email of Person Filling Out F	_{orm} jprice@wacotx.gov		
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2. WHAT WAS THE INJURED (OR DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE O	FFICER'S AGE AT THE TIME OF THE INCIDENT
37	☐ Not Available	44	THE INCIDENT
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)	
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or Alaska Native	☐ Hispanic or Latino —	🗹 Anglo or White	□ Other
☐ Anglo or White	☐ Other	☐ Asian or Pacific Islande	r
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5. LOCATION OF INCIDENT		🗆 Yes 🛛 No	
	& Olive Streets	13. INCIDENT OCCURRED D	IRING OF AS A DESIRE OF A
City_ Waco		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: ☐ Emergency Call or Request for Assistance	
County McLennan	76708	✓ Traffic stop	
6. INCIDENT RESULTED IN:	🗖 injury 💆 Death	☐ Execution of a warrant	
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