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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 04/27/20	018				
AGENCY/FACILITY INFORMATION	DN				
Name of Agency/FacilityV	Vaco Police Department				
Address 3115 Pine A					
_{City} Waco		Zip Code			
Telephone Number (254)	750-7500	1			
Signature of Director of Agen	cy/Facility (Required)	~			
	rm_V.R. Price, Jr., Sgt.				
Email of Person Filling Out Fo	_{rm} jprice@wacotx.gov				
1. WHAT WAS THE INJURED OF	R DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?			
		☑ Male ☐ Female			
2 WHAT WAS THE INJURED OF	R DECEASED'S AGE AT TIME OF INCIDENT?	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?			
	□ Not Available				
34	- Not Available	43			
	R DECEASED'S RACE/ETHNICITY? eported on state driver license application, state	10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY? (Mark only one)			
identification card application, or oth and known. If not available, mark not	ner government reported identification if available available.)	☐ American Indian	☐ Black or African American		
☐ American Indian	☐ Black or African American	or Alaska Native	☐ Hispanic or Latino		
or Alaska Native	· Alaska Native		□ Other		
☑ Anglo or White	□ Other	☐ Asian or Pacific Islander			
\square Asian or Pacific Islander	☐ Not Available	11 DUDING THE INCIDENT	DEAGE OFFICED WAS		
4. DATE OF INCIDENT		11. DURING THE INCIDENT, PEACE OFFICER WAS: ✓ On Duty □ Off Duty			
Month 04 Day		Under the one buty			
TIME: Hour 8		12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:			
5. LOCATION OF INCIDENT		✓ Yes □ No			
Street address 3825 Sp	eight Avenue	13 INCIDENT OCCURRED DI	IRING OR AS A RESULT OF A		
City Waco		13. INCIDENT OCCURRED DURING OR AS A RESULT OF A: □ Emergency Call or Request for Assistance			
County McLennan	Zip 76711	☐ Traffic stop			
		☐ Execution of a warrant			
6. INCIDENT RESULTED IN:	☐ Injury	☐ Hostage, barricade, or other emergency situation			
7. INJURED OR DECEASED PER	SON:	✓ Other — Specify type of call			
☑ Carried, exhibited or used	a deadly weapon				
☐ Did not carry, exhibit or us	e a deadly weapon	Diniodio Diotarbe	anso involving weapons		