DATE	OAG	RECEIVED	



☐ Did not carry, exhibit or use a deadly weapon

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 11/03/2016			
AGENCY/FACILITY INFORMATION Name of Agency/Facility			
City Fort Worth	Zip Code 76196		
Telephone Number (817) 884-1388	1 Zip Gode 10 10 1		
Signature of Director of Agency/Facility (Required)	July		
Name of Person Filling Out Form Chief Deputy Tim Canas			
Email of Person Filling Out Form tecanas@tarrantcounty.co	n		
1. WHAT WAS THE INJURED OR DECEASED'S GENDER?	8. WHAT WAS THE PEACE OFFICER'S GENDER?		
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?		
24 ☐ Not Available	38		
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		ic 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	☑ On Duty ☐ Off Duty		
Month October Day 26 Year 2016			
TIME: Hour 11 Min 30 □ AM 2 PM	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:		
5. LOCATION OF INCIDENT	✓ Yes □ No		
Street address 3064 Las Vegas Trail	13. INCIDENT OCCURRED DURING OR AS A R	FSUIT OF A	
City Fort Worth	☐ Emergency Call or Request for Assistance		
County Tarrant Zip 76116	☐ Traffic stop		
	✓ Execution of a warrant		
6. INCIDENT RESULTED IN: Injury Death	☐ Hostage, barricade, or other emergency	situation	
7. INJURED OR DECEASED PERSON:	☐ Other — Specify type of call		
☑ Carried, exhibited or used a deadly weapon			