



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.

Email completed form to: officershootingreport@texasattorneygeneral.gov

DATE OF REPORT 04/20/2017

AGENCY/FACILITY INFORMATION

Name of Agency/Facility Austin Police Department
 Address 715 E. 8th Street
 City Austin Zip Code 78702
 Telephone Number 512-974-5000
 Signature of Director of Agency/Facility (Required)  CHACON
 Name of Person Filling Out Form Lt. Scott Ehler
 Email of Person Filling Out Form scott.ehler@austintexas.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?
31 Not Available

9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT?
32

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

4. DATE OF INCIDENT
 Month 04 Day 07 Year 2017
 TIME: Hour 9 Min 47 AM PM

11. DURING THE INCIDENT, PEACE OFFICER WAS:
 On Duty Off Duty

5. LOCATION OF INCIDENT
 Street address 6321 Parliament Dr. A
 City Austin
 County Travis Zip 78724

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