

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 01/16/2017	-
AGENCY/FACILITY INFORMATION	
Name of Agency/Facility Mission Police Department	
Address 1200 E. 8th st.	\sim
City Mission	78572
Telephone Number (956) 584-5101	
Signature of Director of Agency/Facility (Required)	Quolit Quita
Name of Person Filling Out Form Robert Dominguez, Chief	f of Police
Email of Person Filling Out Form chiefrdominguez@missionpolice.org	
Email of Forson Finning Out Form	
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 INCIDENT	9. WHAT WAS THE PEACE OFFICER'S AGE AT THE TIME OF THE INCIDENT
49 □ Not Available	23
3. WHAT WAS THE INJURED OR DECEASED'S RACE/ETHNICITY? (Mark one based on information reported on state driver license application, statidentification 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	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	☑ On Duty ☐ Off Duty
Month 01 Day 09 Year 2017	12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE
TIME: Hour 6 Min 22 ☑ AM ☐ PM	OR MORE OFFICERS:
5. LOCATION OF INCIDENT	■ Yes □ No
Street address 114 Sunrise Ln.	13. INCIDENT OCCURRED DURING OR AS A RESULT OF A:
_{City} Mission	☐ Emergency Call or Request for Assistance
County Hidalgo Zip 78572	☐ Traffic stop
	Execution of a warrant
6. INCIDENT RESULTED IN: Injury Death	■ LACCULTOR of a warrant Whostage, 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	