



# 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 or Fax completed form to:** officershootingreport@texasattorneygeneral.gov **or** Fax (512)463-9912

DATE OF REPORT 12/15/2015

### AGENCY/FACILITY INFORMATION

Name of Agency/Facility Arlington Police Department  
Address 620 West Division St.  
City Arlington Zip Code 76010  
Telephone Number (817) 459-5600  
Signature of Director of Agency/Facility (Required) [Signature]  
Name of Person Filling Out Form Sergeant Curtis Petties  
Email of Person Filling Out Form Curtis.Petties@arlingtontx.gov

### 1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male  Female

### 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

51  Not Available

### 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  Black or African American  
 or Alaska Native  Hispanic or Latino  
 Anglo or White  Other  
 Asian or Pacific Islander  Not Available

### 4. DATE OF INCIDENT

Month 12 Day 13 Year 2015

### 5. LOCATION OF INCIDENT

Street address 703 East Mitchell Street  
City Arlington  
County Tarrant Zip 76010

### 6. INCIDENT RESULTED IN:

Injury  Death

### 7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon  
 Did not carry, exhibit or use a deadly weapon

### 8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male  Female

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

33

### 10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

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

### 11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty  Off Duty

### 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes  No

### 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 \_\_\_\_\_

Suicidal subject with a firearm



# 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 or Fax completed form to:** officershootingreport@texasattorneygeneral.gov **or** Fax (512)463-9912

DATE OF REPORT 12/15/2015

### AGENCY/FACILITY INFORMATION

Name of Agency/Facility Arlington Police Department  
Address 620 West Division St.  
City Arlington Zip Code 76010  
Telephone Number (817) 459-5600  
Signature of Director of Agency/Facility (Required)   
Name of Person Filling Out Form Sergeant Curtis Petties  
Email of Person Filling Out Form Curtis.Petties@arlingtontx.gov

### 1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male  Female

### 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

51  Not Available

### 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  Black or African American  
or Alaska Native  Hispanic or Latino  
 Anglo or White  Other  
 Asian or Pacific Islander  Not Available

### 4. DATE OF INCIDENT

Month 12 Day 13 Year 2015

### 5. LOCATION OF INCIDENT

Street address 703 East Mitchell Street  
City Arlington  
County Tarrant Zip 76010

### 6. INCIDENT RESULTED IN:

Injury  Death

### 7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon  
 Did not carry, exhibit or use a deadly weapon

### 8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male  Female

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

32

### 10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

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

### 11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty  Off Duty

### 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes  No

### 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 \_\_\_\_\_

Suicidal subject with a firearm



# 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 or Fax completed form to:** officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/08/2015

### AGENCY/FACILITY INFORMATION

Name of Agency/Facility Arlington Police Department  
Address 620 W. Division Street  
City Arlington, Texas Zip Code 76011  
Telephone Number (817) 459-5667  
Signature of Director of Agency/Facility (Required) *Walter Jones* 10/9/15  
Name of Person Filling Out Form Sergeant Lewis Coggeshall #1360  
Email of Person Filling Out Form lewis.coggeshall@arlingtontx.gov

### 1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male  Female

### 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

38  Not Available

### 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

### 4. DATE OF INCIDENT

Month September Day 25 Year 2015

### 5. LOCATION OF INCIDENT

Street address 500 N. Cooper Street  
City Arlington, Texas  
County Tarrant Zip 76012

### 6. INCIDENT RESULTED IN:

Injury  Death

### 7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon  
 Did not carry, exhibit or use a deadly weapon

### 8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male  Female

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

54

### 10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

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

### 11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty  Off Duty

### 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes  No

### 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 \_\_\_\_\_

~~Felony traffic stop of Armed Robbery Suspect.~~



# 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 or Fax completed form to:** officershootingreport@texasattorneygeneral.gov or Fax (512)463-9912

DATE OF REPORT 10/08/2015

### AGENCY/FACILITY INFORMATION

Name of Agency/Facility Arlington Police Department  
Address 620 W. Division Street  
City Arlington, Texas Zip Code 76011  
Telephone Number (817) 459-5667  
Signature of Director of Agency/Facility (Required) [Signature] 10/9/15  
Name of Person Filling Out Form Sergeant Lewis Coggeshall #1360  
Email of Person Filling Out Form lewis.coggeshall@arlingtontx.gov

### 1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male  Female

### 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

38  Not Available

### 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  
 Anglo or White  
 Asian or Pacific Islander  
 Black or African American  
 Hispanic or Latino  
 Other  
 Not Available

### 4. DATE OF INCIDENT

Month September Day 25 Year 2015

### 5. LOCATION OF INCIDENT

Street address 500 N. Cooper Street  
City Arlington, Texas  
County Tarrant Zip 76012

### 6. INCIDENT RESULTED IN:

Injury  Death

### 7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon  
 Did not carry, exhibit or use a deadly weapon

### 8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male  Female

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

32

### 10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

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

### 11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty  Off Duty

### 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes  No

### 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 \_\_\_\_\_

Felony traffic stop of Armed Robbery Suspect.



# 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 or Fax completed form to:** officershootingreport@texasattorneygeneral.gov **or** Fax (512)463-9912

DATE OF REPORT 10/08/2015

### AGENCY/FACILITY INFORMATION

Name of Agency/Facility Arlington Police Department  
Address 620 W. Division Street  
City Arlington, Texas Zip Code 76011  
Telephone Number (817) 459-5667  
Signature of Director of Agency/Facility (Required) *Wall Johnson 10/9/15*  
Name of Person Filling Out Form Sergeant Lewis Coggeshall #1360  
Email of Person Filling Out Form lewis.coggeshall@arlingtontx.gov

### 1. WHAT WAS THE INJURED OR DECEASED'S GENDER?

Male  Female

### 2. WHAT WAS THE INJURED OR DECEASED'S AGE AT TIME OF INCIDENT?

38  Not Available

### 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

### 4. DATE OF INCIDENT

Month September Day 25 Year 2015

### 5. LOCATION OF INCIDENT

Street address 2700 W. Division Street  
City Arlington, Texas  
County Tarrant Zip 76012

### 6. INCIDENT RESULTED IN:

Injury  Death

### 7. INJURED OR DECEASED PERSON:

Carried, exhibited or used a deadly weapon  
 Did not carry, exhibit or use a deadly weapon

### 8. WHAT WAS THE PEACE OFFICER'S GENDER?

Male  Female

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

45

### 10. WHAT WAS THE PEACE OFFICER'S RACE/ETHNICITY?

(Mark only one)

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

### 11. DURING THE INCIDENT, PEACE OFFICER WAS:

On Duty  Off Duty

### 12. PEACE OFFICER WAS RESPONDING TO CALL OR REQUEST WITH ONE OR MORE OFFICERS:

Yes  No

### 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 \_\_\_\_\_

Active shooter fleeing from and shooting at  
Police Officers.