



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 04/11/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON Zip Code 77002
Telephone Number (713) 308-3642
Signature of Director of Agency/Facility (Required) Marta Q Montelva
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

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

Male Female

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

25 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 3 Day 17 Year 2016

5. LOCATION OF INCIDENT

Street address 11300 North Fwy
City HOUSTON
County HARRIS Zip 77037

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?

46

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 ROBBERY STING



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 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?

46

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

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 ROBBERY STING



PEACE OFFICER INVOLVED INJURIES OR DEATH REPORT

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

DATE OF REPORT 04/11/2016

AGENCY/FACILITY INFORMATION

Name of Agency/Facility HOUSTON POLICE DEPARTMENT
Address 1200 TRAVIS
City HOUSTON Zip Code 77002
Telephone Number (713) 308-3642
Signature of Director of Agency/Facility (Required) Marta D. Montelero
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

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

Male Female

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29 Not Available

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4. DATE OF INCIDENT

Month 3 Day 17 Year 2016

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Street address 11300 North Fwy
City HOUSTON
County HARRIS Zip 77037

6. INCIDENT RESULTED IN:

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Signature of Director of Agency/Facility (Required) Martha J Mendez
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

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Signature of Director of Agency/Facility (Required) *Matthew J. Montalvo*
Name of Person Filling Out Form SERGEANT ODON BELMAREZ
Email of Person Filling Out Form odon.belmarez@houstonpolice.org

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ROBBERY STING